2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 10, 2006 8:00 am Secretary of State

MENT # N29225 NT OAKS HOMEOWNERS A	ASSOCIATION, INC.				22 040 ****6	1.23
ce of Business 17307 L 32867 US	Mailing Address P.O. BOX 677307 ORLANDO, FL 32867	US		·		
Place of Business	3. Mailing Address					
·				191(8 1818 1901 6(1) 6111 1		
Suite, Apt. #, etc. Suite		te, Apt. #, etc.		ng-NP CR	2E037 (11/05)	
City & State City		y & State		6		plied For at Applicable
Country	Zip	Country	5. Certificate of St	atus Desired 🔲	\$8.75 Add Fee Require	
6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Registe	ered Agent	
FRASCA, JOSEPH		Name				
C/O PREFERRED COMMUNITY MGMT.		Street Add	Street Address (P.O. Box Number is Not Acceptable)			
		·				
		City		· <u>-</u> .	FL Zip Code	е
e named entity submits this statement fo tions of registered agent.	r the purpose of changing its	registered office or r	egistered agent, or both, in	the State of Florida.	I am familiar with,	and accept
Signature, lyped or printed name of registered agent in	and title if applicable (NOT)	E: Registered Agent signature	e required when reinstating)	С	DATE	
Signature, lyped or printed name of registered agents Filling Fee is \$61.25 Due by May 1, 2006	9. Election Car	mpaign Financing	\$5.00 May Be Added to Fees	Make o	Check payable to Department of S	
Filing Fee is \$61.25	9. Election Car Trust Fund (mpaign Financing	\$5.00 May Be	Make o Florida D	check payable to Department of St	tate
Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIF PD LAZAR, HELEN 4817 OLD OAK TREE COURT	9. Election Car Trust Fund (mpaign Financing Contribution. 11. TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Make of Florida D	check payable to Department of SI	tate
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	e of Business 7307 L 32867 US Place of Business #, etc. e Country 6. Name and Address of Current I JOSEPH ERRED COMMUNITY MGMT. ALM AVE. PARK, FL 32792	MATOAKS HOMEOWNERS ASSOCIATION, INC. e of Business Mailing Address 7307 P.O. BOX 677307 ORLANDO, FL 32867 Place of Business 3. Mailing Address Place of Business 3. Mailing Address #, etc. Suite, Apt. #, etc. e City & State Country Zip 6. Name and Address of Current Registered Agent JOSEPH ERRED COMMUNITY MGMT. ALM AVE. PARK, FL 32792	Mailing Address 7307 P. D. BOX 677307 ORLANDO, FL 32867 US Place of Business #, etc. Country Count	Mailing Address P.O. BOX 677307 P.O. BOX 67730	To AKS HOMEOWNERS ASSOCIATION, INC. The of Business Mailing Address P.O. BOX 677307 P.O. BOX 677307 P.O. BOX 677307 ORLANDO, FL 32867 US Tace of Business 3. Mailing Address Tales of Business 3. Mailing Address 0.03242006 Chg-NP CR Tales of Business 3. Mailing Address 0.03242006 Chg-NP CR Tales of Business 4. FEI Number 59-2917026 Tales of Country 5. Certificate of Status Desired 59-2917026 Tales of Business 5. Certificate of Status Desired 59-2917026 Tales of Business 5. Certificate of Status Desired 59-2917026 Tales of Business 5. Certificate of Status Desired 59-2917026 Tales of Business 6. Name and Address of Current Registered Agent 7. Name and Address of New Register O. Street Address (P.O. Box Number is Not Acceptable) Tales of Business 6. Name and Address of Status Desired 6. Name and Address of Status Desired 6. Name and Address of New Register Name Tales of Business 6. On the Status Desired 6. Name and Address of New Register Name Tales of Business 6. On the Status Desired 6. Name and Address of New Register Name Tales of Business 6. On the Status Desired 6. Name and Address of New Register Name Tales of Business 6. On the Status Desired 6. Name and Address of New Register 6. Name and Address 6. Name and Addr	Mailing Address P. D. BOX 677307 P. D. BOX 677307 ORLANDO, FL 32867 US A Mailing Address P. D. BOX 677307 ORLANDO, FL 32867 US A Mailing Address A Mailing Address Blace of Business J. Mailing Address A Mailing Address A Mailing Address Blace of Business J. Mailing Address A Mailing Addre

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empore are useful to the corporation of the receiver or trustee empore are useful to the corporation of the receiver or trustee empore are useful to the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an add.

STREET ADDRESS

CHTY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP