2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31089

FILED Apr 27, 2006 Secretary of State

Entity Name: THE OAKS PRESERVE MANAGEMENT ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place of Business:		
SUITE 100					
BRADEN	TON, FL 3420	24810 US			
Current Mailing Address:			New Mailing Address:		
8430 ENT SUITE 100	ERPRISE CIR	CLE			
	ΓON, FL 3420	24108 US			
FEI Number	: 57-0884474	FEI Number Applied For ()	FEI Number Not App	icable () Certific	ate of Status Desired ()
Name and	d Address of (Current Registered Agent:	Name and	Address of New Reg	gistered Agent:
SUITE 208	CÚTIVE CENTE 5	ER DR. W. 337022472 US			
	e named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered office or	registered agent, or both,
SIGNATU	RE:				
SIGNATU		nic Signature of Registered A	gent		Date
		g g	•	IS/CHANGES TO OF	Date FICERS AND DIRECTOR
	Electro S AND DIREC PD (KNIGHT, TIMO 8430 ENTERP	CTORS:	•		
OFFICER Title: Name: Address:	Electro S AND DIRECT PD (KNIGHT, TIMO 8430 ENTERP BRADENTON, DTS (BAKAN, STEVI 8430 ENTERP	Delete THY A RISE CIRCLE STE 100 FL 342024108) Delete	ADDITION Title: Name: Address:	()Change	FICERS AND DIRECTOR
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	Electro S AND DIRECT PD (KNIGHT, TIMO 8430 ENTERP BRADENTON, DTS (BAKAN, STEVI 8430 ENTERP BRADENTON,	Delete THY A RISE CIRCLE STE 100 FL 342024108) Delete EN A RISE CIRCLE STE 100 FL 342024108) Delete LIAM L M.D. LANE	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	()Change ()Change	FICERS AND DIRECTOR () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARC I. SPENCER AS 04/27/2006