2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2008 8:00 am
Secretary of State
09-02-2008 90031 014 ****61.25

DOCUMENT # N31089

1. Entity Name
THE OAKS PRESERVE MANAGEMENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
595 BAY ISLES ROAD SUITE 200 LONGBOAT KEY, FL 34228	595 BAY ISLES ROAD SUITE 200 LONGBOAT KEY, FL 34228

08262008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 57-0884474 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BETH CALLANS MANAGEMENT CORP 595 BAY ISLES ROAD SUITE 200 LONGBOAT KEY, FL 34228	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KNIGHT, TIMOTHY A 8430 ENTERPRISE CIRCLE STE 100 BRADENTON, FL 342024108	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MALCOLM SOUTHORN c/o BETH CALLANS 595 Bay Isles Road Ste 200 LONGBOAT KEY FL. 34228	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV GLANTZ, ROBERT E 877 EXECUTIVE CENTER DR. W., SUITE 205 ST. PETERSBURG, FL 33702	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer / Director HAROLD DELL 595 Bay Isles Road Suite 200 LONGBOAT KEY FL. 34228	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SCHROEDER, RON BAYHEAD LANE OSPREY, FL 34229	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS MERRILL, S. TODD 877 EXECUTIVE CENTER DR. W., STE 205 ST. PETERSBURG, FL 337022472	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S / D MICHAEL WALKER 595 BAY ISLES ROAD SUITE 200 LONGBOAT KEY FL. 34228	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST COHEN, ANN S 877 EXECUTIVE CENTER DR. W., STE 205 ST. PETERSBURG, FL 33702	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director LUCY HOERMANN 595 Bay Isles Road Suite 200 Longboat Key FL. 34228	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 accurate 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 empowered to execute this 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 address, with all other like empowered.

SIGNATURE: on behalf of The Oaks Preserve Mangmt Assoc. 7/1/08 941 387-3443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #