


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2004 08:00 AM
Secretary of State

DOCUMENT # N48603 1. Entity Name WHITE OAK ESTATES HOMEOWNERS ASSOCIATES, INC.	
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Principal Place of Business 5215 WHITE OAK LANE TAMARAC, FL 33319	Mailing Address 5215 WHITE OAK LANE TAMARAC, FL 33319
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DO NOT WRITE IN THIS SPACE



05032004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0330993	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**AMBASSADOR COMM MGMT
805 W MCNAB ROAD
TAMARAC, FL 33321**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reappointing)

DATE _____

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000160051 05/13/04-80005-008 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TALABISCO, JOHN J 5215 WHITE OAK LANE TAMARAC, FL 33319
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GEUSIER, ENID 5250 WHITE OAK LANE TAMARAC, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DELEMA, MIKE 5408 WHITE OAK LANE TAMARAC, FL 33319
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAM, GERALD 5104 WHITE OAK LANE TAMARAC, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *John J. Talabisco, President* **5/10/04 934-735-0517**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR