2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48603

FILED Jan 21, 2007 Secretary of State

Entity Name: WHITE OAK ESTATES HOMEOWNERS ASSOCIATES, INC.

Current Principal Place of Business: New Principal Place of Business: 5105 WHITE OAK LANE TAMARAC, FL 33319 **Current Mailing Address: New Mailing Address:** 5105 WHITE OAK LANE TAMARAC, FL 33319 FEI Number: 65-0330993 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AMBASSADOR COMM MGMT 7100 W. COMMERCIAL BLVD. TAMARAC, FL 33321 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition SCHMITTGLEN, JOHN SCHMITT, GLENN Name: Name: 5105 WHITE OAK LANE Address: 5105 WHITE OAK LANE Address: TAMARAC, FL 33319 City-St-Zip: TAMARAC, FL 33319 City-St-Zip: Title: SD () Delete Title: () Change () Addition BRANDON, STEPHANIE Name: Name: Address: 5150 WHITE OAK LANE Address: City-St-Zip: TAMARAC, FL City-St-Zip: Title: () Delete Title: () Change () Addition COUTTS, LINDA Name: Name: Address: 5204 WHITE OAK LANE Address: City-St-Zip: TAMARAC, FL 33319 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition Name: DELEMMA, MICHAEL Name: 5105 WHITE OAK LANE Address: Address: City-St-Zip: TAMARAC, FL 33319 City-St-Zip: Title: DIR () Delete Title: () Change () Addition GERALD WILLIAM, Name: Name: 5104 WHITE OAL LANE Address: Address: City-St-Zip: TAMARAC, FL 33319 City-St-Zip: Title: () Delete Title: (X) Change () Addition JACK TALABISC. JACK TALABISCO. Name: Name: Address: 5215 WHITE OAK LANE Address: 5215 WHITE OAK LANE TAMARAC, FL 33319 TAMARAC, FL 33319 City-St-Zip: City-St-Zip:

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: STEPHANIE BRANDON SD 01/21/2007