

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001145

FILED  
Aug 28, 2007  
Secretary of State

**Entity Name:** THE OAKS AT LAKE FRONT HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

3612 TWELVE OAKS CIR  
MERRITT ISLAND, FL 32953

**New Principal Place of Business:**

**Current Mailing Address:**

3612 TWELVE OAKS CIR  
MERRITT ISLAND, FL 32953

**New Mailing Address:**

**FEI Number:** 59-3538103      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SCHMIDT, STEVE  
3612 TWELVE OAKS CIR  
MERRITT ISLAND, FL 32953      US

**Name and Address of New Registered Agent:**

SCHMIDT, PETER PD  
3612 TWELVE OAKS CIR  
MERRITT ISLAND, FL 32953      US

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: PETER SCHMIDT

08/28/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: SCHMIDT, STEVE  
Address: 3612 TWELVE OAKS CIR  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VD      ( ) Delete  
Name: LEDFORD, ROBERT  
Address: 330 THREE OAKS DR  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VD      ( ) Delete  
Name: POLAND, BRIAN  
Address: 3542 TWELVE OAKS CIR  
City-St-Zip: MERRITT ISLAND, FL 32953

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      (X) Change ( ) Addition  
Name: SCHMIDT, PETER  
Address: 3612 TWELVE OAKS CIR  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VD      (X) Change ( ) Addition  
Name: SINCLAIR, LEISHA  
Address: 3532 TWELVE OAKS CIRCLE  
City-St-Zip: MERRITT ISLAND, FL 32953

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PETER SCHMIDT

PD

08/28/2007

Electronic Signature of Signing Officer or Director

Date