

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N31089

**Entity Name:** THE OAKS PRESERVE MANAGEMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

14 NORTH POINT RD.  
OSPREY, FL 34229

**Current Mailing Address:**

C/O LIGHTHOUSE PROPERTY MANAGEMENT  
16 CHURCH STREET  
OSPREY, FL 34229

**FEI Number: 57-0884474**

**Certificate of Status Desired:** No

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

DELL, HAROLD  
C/O LIGHTHOUSE PROPERTY MANAGEMENT  
16 CHURCH STREET  
OSPREY, FL 34229 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name SOUTHORN, MALCOLM  
Address 1108 BAY HEAD LANE  
City-State-Zip: OSPREY FL 34229

Title TD  
Name DELL, HAROLD  
Address 127 TURQUOISE LANE  
City-State-Zip: OSPREY FL 34229

Title VP  
Name SCHROEDER, RON  
Address 393 NORTH POINT RD  
City-State-Zip: OSPREY FL 34229

Title SECRETARY  
Name HARRIS, ROBERT  
Address 3603 NORTH POINT RD  
City-State-Zip: OSPREY FL 34229

Title D  
Name GOODMAN, ELLIOTT  
Address 409 NORTH POINT RD  
City-State-Zip: OSPREY FL 34229

*I hereby 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 all other like empowered.*

**SIGNATURE: MALCOLM SOUTHORN**

**PRESIDENT**

**02/22/2014**

Electronic Signature of Signing Officer/Director Detail

Date