


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90558 037 \*\*\*\*61.25

|   |   |  |  |   |   |           |          |
|---|---|--|--|---|---|-----------|----------|
| <b>DOCUMENT # N01320</b>  |   |  |  |  |   |           |          |
| 1. Entity Name<br><b>OAKS CLUB CORPORATION</b>  |   |  |  |   |   |           |          |
| Principal Place of Business<br><b>301 MACEWEN DRIVE-<br/>OSPREY, FL 34229</b>   |   |  | Mailing Address<br><b>1818 AUSTRALIAN AVENUE SOUTH<br/>SUITE 400<br/>W. PALM BEACH, FL 33409</b> |   |   |           |          |
| 2. Principal Place of Business  |   | 3. Mailing Address   |  |   |   |           |          |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |  |   |   |           |          |
| City & State  |   | City & State   |  |   |   |           |          |
| Zip   | Country   | Zip  | Country  | 4. FEI Number<br><b>59-2369514</b>  | Applied For<br><input type="checkbox"/> Not Applicable            |           |          |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |  |  | <b>\$8.75 Additional Fee Required</b>   |   |           |          |
| 6. Name and Address of Current Registered Agent   |   |  | 7. Name and Address of New Registered Agent  |   |   |           |          |
| <b>KRIVOK, JAMES N ESQ.</b><br><b>1818 AUSTRALIAN AVENUE SOUTH</b><br><b>SUITE 400</b><br><b>WEST PALM BEACH, FL 33409</b>  |   |  | Name   |   |   |           |          |
|   |   |  | Street Address (P.O. Box Number is Not Acceptable)   |   |   |           |          |
|   |   |  | City   |   |   | <b>FL</b> | 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |  |  |   |   |           |          |
| <b>Filing Fee is \$61.25 Due by May 1, 2004</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |   |           |          |
|   |   |  |  | <b>Make check payable to Florida Department of State</b>                          |   |           |          |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |   |           |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>JOHNSON, JAMES<br>301 MAC EWEN DR<br>OSPREY, FL 34229     | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |           |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>HARDMAN, JODI<br>301 MACEWEN DR<br>OSPREY, FL 34229       | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |           |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>LEONARD, KRYGOWSKI<br>301 MAC EWEN DR<br>OSPREY, FL 34229 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>DIRECTOR ONLY</b>  |   |           |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>GOBLE, GARY<br>301 MACEWEN DR<br>OSPREY, FL 34229          | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |           |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPD<br>HARRINGTON, JAMES<br>301 MACEWEN DR<br>OSPREY, FL 34229  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>PRESIDENT/<br/>DIRECTOR</b>  |   |           |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>SEE ATTACHED PAGE FOR<br/>ADDITIONAL</b>                                       |   |           |          |
| 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. |   |  |  |   |   |           |          |
| <b>SIGNATURE:</b> _____   |   |  |  | Date <b>9-1-06-4808</b>   |   |           |          |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |  |  | <small>Daytime Phone #</small>  |   |           |          |

Attachments NO1320

The Oaks Club Corporation  
Document # N01320  
Additional Officers and Directors

|   | Position |
|---|----------|
| Sanford Cooper<br>301 MacEwen Drive<br>Osprey Florida 34229 | SD       |

|   |    |
|---|----|
| Edward Pettegrew<br>301 MacEwen Drive<br>Osprey Florida 34229 | TD |
|---|----|

|   |     |
|---|-----|
| Edward Kelly<br>301 MacEwen Drive<br>Osprey Florida 34229 | VPD |
|---|-----|

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|  |   |
|--|---|
| Donald Lottmann<br>301 MacEwen Drive<br>Osprey Florida 34229 | D |
|--|---|

|  |   |
|--|---|
| James Hoy<br>301 MacEwen Drive<br>Osprey Florida 34229 | D |
|--|---|

|  |   |
|--|---|
| David Stewart<br>301 Macewen Drive<br>Osprey, FI 34229 | D |
|--|---|