
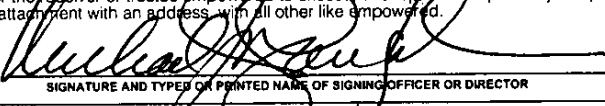


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90025 011 \*\*\*\*61.25

DOCUMENT # N01320					
1. Entity Name OAKS CLUB CORPORATION					
Principal Place of Business 301 MACEWEN DRIVE OSPREY, FL 34229		Mailing Address 1818 AUSTRALIAN AVENUE SOUTH SUITE 400 W. PALM BEACH, FL 33409			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04232008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2369514	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KRIVOK, JAMES N ESQ. 1818 AUSTRALIAN AVENUE SOUTH SUITE 400 WEST PALM BEACH, FL 33409			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAROCH, JEROME		NAME	GRESHAM, JOHN	
STREET ADDRESS	301 MACEWEN DRIVE		STREET ADDRESS	301 MACEWEN DR	
CITY-ST-ZIP	OSPREY, FL 34229		CITY-ST-ZIP	OSPREY, FL 34229	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARD, JAMES		NAME	CARD, JAMES	
STREET ADDRESS	301 MACEWEN DRIVE		STREET ADDRESS	301 MACEWEN DR	
CITY-ST-ZIP	OSPREY, FL 34229		CITY-ST-ZIP	OSPREY, FL 34229	
TITLE	VS	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLAUGHLIN, MICHAEL		NAME	MCLAUGHLIN, MICHAEL	
STREET ADDRESS	301 MACEWEN DRIVE		STREET ADDRESS	301 MACEWEN DR	
CITY-ST-ZIP	OSPREY, FL 34229		CITY-ST-ZIP	OSPREY, FL 34229	
TITLE	D	<input type="checkbox"/> Delete	TITLE	SL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARPAL, MARGARET		NAME	WOLTZEN, HUGH	
STREET ADDRESS	301 MACEWEN DRIVE		STREET ADDRESS	301 MACEWEN DR	
CITY-ST-ZIP	OSPREY, FL 34229		CITY-ST-ZIP	OSPREY, FL 34229	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, ROGER		NAME	ANNERAN, MARYRUTH	
STREET ADDRESS	301 MACEWEN DRIVE		STREET ADDRESS	301 MACEWEN DR	
CITY-ST-ZIP	OSPREY, FL 34229		CITY-ST-ZIP	OSPREY, FL 34229	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAY, J BILLIE		NAME	JOHNSON, JERRY D	
STREET ADDRESS	301 MACEWEN DRIVE		STREET ADDRESS	301 MACEWEN DR	
CITY-ST-ZIP	OSPREY, FL 34229		CITY-ST-ZIP	OSPREY, FL 34229	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			Date: 4/23/08 Daytime Phone #: 941-966-5112		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					