


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90253 035 \*\*\*\*61.25

**DOCUMENT # N06000007372**

1. Entity Name  
**OAK HEIGHTS 3 CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**750 OAK HEIGHTS COURT  
 PORT ORANGE, FL 32127**

Mailing Address  
**750 OAK HEIGHTS COURT  
 PORT ORANGE, FL 32127**



2. Principal Place of Business - No P.O. Box #  
**750 OAK HEIGHTS CT.**

3. Mailing Address  
**750 OAK HEIGHTS CT #310**

Suite, Apt. #, etc. **310**

01042007 Chg-NP CR2E037 (12/06)

City & State  
**PORT ORANGE FL**

City & State  
**PORT ORANGE FL**

Zip **32127** Country **US**

4. FEI Number Applied For  
 Not Applicable

**6. Name and Address of Current Registered Agent**

**NOFTALL, F W  
 750 OAK HEIGHTS COURT  
 PORT ORANGE, FL 32127**

**7. Name and Address of New Registered Agent**

Name **Mr. THOMPSON JEAN MARK**

Street Address (P.O. Box Number is Not Acceptable)  
**750 OAK HEIGHTS CT #310**

City **PORT ORANGE** State **FL** Zip Code **32127**

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 **1/4/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**Filing Fee is \$61.25 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOFTALL, F W 700 OAK HEIGHTS COURT PORT ORANGE, FL 32127	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NOFTALL, S R 700 OAK HEIGHTS COURT PORT ORANGE, FL 32127	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>D NOFTALL, L A 700 OAK HEIGHTS COURT PORT ORANGE, FL 32127</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, ROGER 750 OAK HEIGHTS CT #305 PORT ORANGE FL 32127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MARX, JEAN 750 OAK HEIGHTS CT #310 PORT ORANGE FL 32127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **1/4/07** DAYTIME PHONE # **386-252-1222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #