

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 8:00 am
Secretary of State

01-09-2008 90013 021 ****61.25

DOCUMENT # N06000007372

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



Principal Place of Business
 750 OAK HEIGHTS COURT
 310
 PORT ORANGE, FL 32127

Mailing Address
 750 OAK HEIGHTS COURT
 310
 PORT ORANGE, FL 32127



01042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARX, JEAN
 750 OAK HEIGHTS COURT
 310
 PORT ORANGE, FL 32127

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE PD
 NAME THOMPSON, ROGER
 STREET ADDRESS 750 OAK HEIGHTS CT #305
 CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE STD
 NAME JEAN, MARX
 STREET ADDRESS 750 OAK HEIGHTS CT #310
 CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE ~~D~~
 NAME ~~NOFTALL, L A~~
 STREET ADDRESS ~~700 OAK HEIGHTS COURT~~
 CITY-ST-ZIP ~~PORT ORANGE, FL 32127~~

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/08

Date

386-252-1222

Daytime Phone #