FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 FEB 23 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 724672 (1)

1. Corporation Name

THE OAKS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1915 WOODCREST DRIVE WINTER PARK FL 32792-2455	1915 WOODCREST DRIVE WINTER PARK FL 32792-2455

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/30/1972	3a. Date of Last Report: 06/21/1994
4. FEI Number [redacted] NOT APPLICABLE 59-3212186	Applied For / Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BOSS, JANET 1927 WOODCREST DRIVE WINTER PARK FL 32792	81 Name: Joan E. Cason 82 Street Address (P.O. Box Number is Not Acceptable): ~~1915 Woodcrest Drive~~ 83 84 City: Winter Park FL 85 Zip Code: 32792

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Joan E. Cason (signed) Joan E. Cason DATE 1/29/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	BOSS, JANET	1.2 NAME	Delete
STREET ADDRESS	1927 WOODCREST DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	HADFIELD, RITA	2.2 NAME	
STREET ADDRESS	1925 WOODCREST DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	COBBS, JOAN	3.2 NAME	
STREET ADDRESS	1915 WOODCREST DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☒ Change ☐ Addition
NAME	ROWE, ELIZABETH B	4.2 NAME	Delete
STREET ADDRESS	1921 WOODCREST DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PK FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	TD ☐ Change ☒ Addition
NAME		5.2 NAME	Lese, Dorothy A.
STREET ADDRESS		5.3 STREET ADDRESS	1919 Woodcrest Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Winter Park, FL 32792
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: (signed) Dorothy A. Lese 1/30/95 407-847-8122

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

Dorothy A. Lese 1/30/95

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