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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **724672**

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

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.: 1915 Woodcrest Drive	26 Suite, Apt. #, etc.: 1915 Woodcrest Dr.
22	27
23 City & State: Winter Park, Fl.	28 City & State: Winter Park, Fl.
24 Zip: 32792 25 Country: Orange	29 Zip: 32792 30 Country: Orange

3. Date Incorporated or Qualified: 10/30/1972
4. FEI Number: 59-3212486 ☐ Applied For ☐ Not Applicable
5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ROWE, ELIZABETH
1931 WOODDCREST DR
WINTER PK FL 32792

10. Name and Address of New Registered Agent

81 Name: Joan 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Joan Cason DATE
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BOSS, JANET		1.2 NAME		
STREET ADDRESS	1927 WOODCREST DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32792		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	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	☒ DELETE	3.1 TITLE	PD	☐ Change ☒ Addition XX
NAME	ROWE, ELIZABETH		3.2 NAME	Joan Cason President	
STREET ADDRESS	1931 WOODCREST DR		3.3 STREET ADDRESS	1915 Woodcrest Drive	
CITY-ST-ZIP	WINTER PARK FL		3.4 CITY-ST-ZIP	Winter Park, Fl. 32792	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Janet Boss SIGNATURE REQUIRED 1/14/1999 407-647-2693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #