

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 732511
 1. Corporation Name
Southern Oaks Association, Inc.

Principal Place of Business 7601 Timberwood Dr. Jacksonville, Florida 32256	Mailing Address 7601 Timberwood Dr. Jacksonville, Florida 32256
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3. Date Incorporated or Qualified 4/21/75	3a. Date of Last Report appx. 4/97
4. FEI Number 59-2488595	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
Adams, Adam G., III
Thompson & Adams
1 Independent Drive, Suite 3131
Jacksonville, Florida 32202

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. FEI Number	100002225381
84. City	FL
85. Zip Code	32256

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)

12. OFFICERS AND DIRECTORS

TITLE	GD	<input checked="" type="checkbox"/> DELETE
NAME	Gurney, Donald R.	
STREET ADDRESS	7616 Plumwood Dr.	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	SP	<input checked="" type="checkbox"/> DELETE
NAME	Strickland, Peggy	
STREET ADDRESS	11007 Merrywood Dr.	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Pihl, Jack	
1.3 STREET ADDRESS	7604 Covewood Dr.	
1.4 CITY-ST-ZIP	Jacksonville, FL 32256	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hlebak, Jeanne	
2.3 STREET ADDRESS	7621 Plumwood Dr.	
2.4 CITY-ST-ZIP	Jacksonville, FL 32256	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gordan, Herb	
3.3 STREET ADDRESS	7619 Timberwood Dr.	
3.4 CITY-ST-ZIP	Jacksonville, FL 32256	
4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Little, Betty	
4.3 STREET ADDRESS	7702 Plumwood Dr.	
4.4 CITY-ST-ZIP	Jacksonville, FL 32256	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Poole, Gertie	
5.3 STREET ADDRESS	11005 Starwood Dr.	
5.4 CITY-ST-ZIP	Jacksonville, FL 32256	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Hackett, Rebecca	
6.3 STREET ADDRESS	7606 Plumwood Dr.	
6.4 CITY-ST-ZIP	Jacksonville, FL 32256	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Jack Pihl* _____ DATE: **27 Jun 97** _____ DAYTIME PHONE #: **292-0960**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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13. D
Gray, Marilyn
7605 Sunwood Dr.
Jacksonville, FL 32256

x Addition