

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED  
95 APR 20 PM 12:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 748847 (1)  
1. Corporation Name  
**THE OAKS COMMUNITY ASSOCIATION, INC.**

Principal Place of Business Mailing Address

**% WISE PROPERTY MGMT., INC.**  
7628 N. 56TH ST., STE. 2  
TAMPA, FL 33617

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7628 N. 56TH ST., STE. 2  
TAMPA, FL 33617

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/10/1979** 3a. Date of Last Report **06/15/1994**

4. FEI Number **59-2004460** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 **SUITE 8** 27 **SUITE 8**

23 City & State 28 City & State

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**SPIVEY, WILLIAM C.**  
**% WISE PROPERTY MANAGEMENT INC**  
**7628 N 56TH STREET SUITE 2**  
**TAMPA, FL 33617**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CASPER, GARY</b>	1.2 NAME	<b>GARY CASPER</b>
STREET ADDRESS	<b>14100 N. 48TH ST #W4</b>	1.3 STREET ADDRESS	<b>14100 N. 46TH ST #W4</b>
CITY - ST - ZIP	<b>TAMPA FL</b>	1.4 CITY - ST - ZIP	<b>TAMPA, FL 33613</b>
TITLE	<b>SD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VALDES, FAYE</b>	2.2 NAME	
STREET ADDRESS	<b>14100 N 48TH ST ALPHA 38</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAMPA FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VD</b>	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BRETT, JIM</b>	3.2 NAME	<b>Waite Grody</b>
STREET ADDRESS	<b>14100 N 48TH ST #W8</b>	3.3 STREET ADDRESS	<b>14100 N. 46th St. # J-103</b>
CITY - ST - ZIP	<b>TAMPA FL</b>	3.4 CITY - ST - ZIP	<b>Tampa, FL 33613</b>
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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: X Gary Casper **GARY CASPER** 3/31/95 (813) 988-3684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR