

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

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



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|---|---|
| Principal Place of Business % WISE PROPERTY MGMT., INC. 7828 N. 56TH ST., STE. 8 TAMPA, FL 33617 US | Mailing Address % WISE PROPERTY MGMT., INC. 7828 N. 56TH ST., STE. 8 TAMPA, FL 33617 US |
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|--|------------------------------------|--|
| 3. Date Incorporated or Qualified 09/10/1979 | 4. FEI Number 59-2004460 | Applied For <input type="checkbox"/> Not Applicable |
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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
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|---|--|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**SPVEY, WILLIAM C.
% WISE PROPERTY MANAGEMENT INC
7828 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 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 _____ (NOTE: Registered Agent signature required when relating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|-----------------------------------|---|--------------------------------|
| TITLE PD | NAME CASPER, GARY | 1.1 TITLE | SD |
| STREET ADDRESS 14100 N. 48TH ST #W4 | CITY-ST-ZIP TAMPA FL | 1.2 NAME | KIRBY, FRANK |
| | | 1.3 STREET ADDRESS | 381 GLOUCESTER STREET |
| | | 1.4 CITY-ST-ZIP | SAFETY HARBOR, FL 34695 |
| TITLE SD | NAME VALDES, FAYE | 2.1 TITLE | |
| STREET ADDRESS 14100 N 48TH ST ALPHA 38 | CITY-ST-ZIP TAMPA FL | 2.2 NAME | |
| | | 2.3 STREET ADDRESS | |
| | | 2.4 CITY-ST-ZIP | |
| TITLE DT | NAME DOUGLAS, PERREAUPT | 3.1 TITLE | |
| STREET ADDRESS 14100 48TH ST, ALPHA 38 | CITY-ST-ZIP TAMPA FL | 3.2 NAME | |
| | | 3.3 STREET ADDRESS | |
| | | 3.4 CITY-ST-ZIP | |
| TITLE | NAME | 4.1 TITLE | |
| STREET ADDRESS | | 4.2 NAME | |
| CITY-ST-ZIP | | 4.3 STREET ADDRESS | |
| | | 4.4 CITY-ST-ZIP | |
| TITLE | NAME | 5.1 TITLE | |
| STREET ADDRESS | | 5.2 NAME | |
| CITY-ST-ZIP | | 5.3 STREET ADDRESS | |
| | | 5.4 CITY-ST-ZIP | |
| TITLE | NAME | 6.1 TITLE | |
| STREET ADDRESS | | 6.2 NAME | |
| CITY-ST-ZIP | | 6.3 STREET ADDRESS | |
| | | 6.4 CITY-ST-ZIP | |

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.

SIGNATURE: *Douglas Perreault* **DOUGLAS PERREAUPT 4/20/98 813-989-3684**

CR2E037 (10/97)