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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 748847

1. Corporation Name
THE OAKS COMMUNITY ASSOCIATION, INC.

Principal Place of Business % WISE PROPERTY MGMT., INC. 7628 N. 56TH ST., STE. 8 TAMPA, FL 33617 US	Mailing Address % WISE PROPERTY MGMT., INC. 7628 N. 56TH ST., STE. 8 TAMPA, FL 33617 US
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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	3. Date Incorporated or Qualified 09/10/1979	4. FEI Number 59-2004460 Applied For Not Applicable
		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

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 85 Zip Code
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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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: CASPER, GARY STREET ADDRESS: 14100 N. 46TH ST #W4 CITY-ST-ZIP: TAMPA FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: P.S. 1.2 NAME: BUSCIGLIO DAREN 1.3 STREET ADDRESS: 14201 SHADOW MOSS LN # 201 1.4 CITY-ST-ZIP: TAMPA, FL 33613	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD NAME: KIRBY, FRANK STREET ADDRESS: 381 GLOUCESTER STREET CITY-ST-ZIP: SAFETY HARBOR FL 34695	<input type="checkbox"/> DELETE	2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DT NAME: DOUGLAS, PERREAULT STREET ADDRESS: 14100 46TH ST, ALPHA 39 CITY-ST-ZIP: TAMPA FL	<input type="checkbox"/> DELETE	3.1 TITLE: TD 3.2 NAME: PERREAULT, DOUGLAS 3.3 STREET ADDRESS: 13231 PINE CREEK CIR 3.4 CITY-ST-ZIP: RIVERVIEW, FL 33569	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* R. D. Busciglio 4-19-99 (813) 978-0796
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)