

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 751181  
1. Corporation Name  
**THE OAKS UNIT II CONDOMINIUM ASSOCIATION, INC**

Principal Place of Business: **40 WISE PROPERTY MGMT, INC. 7628 N. 56TH STREET, SUITE 8 TAMPA, FL 33617**  
Mailing Address: **40 WISE PROPERTY MGMT, INC. 7628 N. 56TH STREET SUITE 8 TAMPA, FL 33617**

3. Date Incorporated or Qualified: **02/21/1980**  
3a. Date of Last Report: **4/95**  
4. FEI Number: **59-2072303**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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  
30.

9. Name and Address of Current Registered Agent  
**SPIVEY, WILLIAM C.  
WISE PROPERTY MANAGEMENT, INC.  
7628 N. 56TH STREET  
SUITE 8  
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: **FL**

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PATTON, DAVID	
STREET ADDRESS	14100 N. 46TH STREET, E-104	
CITY-ST-ZIP	TAMPA, FL 33613	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HARVEY, CAROLYN	
STREET ADDRESS	14100 N. 46TH STREET, F-102	
CITY-ST-ZIP	TAMPA, FL 33613	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TIMM, KERRY	
STREET ADDRESS	14100 N. 46TH STREET, F-104	
CITY-ST-ZIP	TAMPA, FL 33613	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>900001851249</b>
4.4 CITY-ST-ZIP	<b>-06/05/96--01018--003</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>***70.00</b>
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 119.07(3)(k), 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 by or an agreement with an address.

SIGNATURE: **DAVID PATTON** 4/24/96 (813) 988-3680  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)