

FILE NOW: FILING FEE IS \$61.25

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Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 751181 (9)
1. Corporation Name
THE OAKS UNIT II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
7628 N. 56TH STREET SUITE 8 TAMPA FL 33617 US
C/O WISE PROPERTY MGMT., INC. 7628 N. 56TH STREET, SUITE 8 TAMPA FL 33617-7732

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		02/21/1980		05/01/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		59-2072303		Not Applicable	
24 Zip		25 Country		29 Zip		30 Country	
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			
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SPIVEY, WILLIAM C. % WISE PROPERTY MGMT. INC. 7628 N. 56TH ST. TAMPA FL 33617				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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, 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: *[Signature]*
Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PATTON, DAVID		1.2 NAME	KIRBY, FRANKLIN D.			
STREET ADDRESS	14100 N. 46TH ST. #E-104		1.3 STREET ADDRESS	14100 N. 46TH STREET, E204			
CITY-ST-ZIP	TAMPA FL 33613		1.4 CITY-ST-ZIP	TAMPA, FL 33613			
TITLE	TD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HARVEY, CAROLYN		2.2 NAME	THOMAS, NORMA			
STREET ADDRESS	14100 N. 46TH ST. #F-102		2.3 STREET ADDRESS	14100 N. 46TH STREET #D204			
CITY-ST-ZIP	TAMPA FL 33613		2.4 CITY-ST-ZIP	TAMPA, FL 33613			
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	TIMM, KERRY		3.2 NAME	JONES, MICHAEL W.			
STREET ADDRESS	14100 N. 46TH ST. #F-104		3.3 STREET ADDRESS	14100 N 46TH STREET, E202			
CITY-ST-ZIP	TAMPA FL 33613		3.4 CITY-ST-ZIP	TAMPA, FL 33613			
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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 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, and I am authorized to execute this report as required by Chapter 917, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing. FRANK KIRBY

SIGNATURE: *[Signature]* FRANK KIRBY

CR2E037 (9/96)