


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 7628 N. 56TH STREET SUITE 8 TAMPA FL 33617 US	Mailing Address C/O WISE PROPERTY MGMT., INC. 7628 N. 56TH STREET, SUITE 8 TAMPA FL 33617
---	--

3. Date Incorporated or Qualified  
02/21/1980

4. FEI Number  
59-2072303

Applied For	Not Applicable
-------------	----------------

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
--	--

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. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
SPIVEY, WILLIAM C.  
% WISE PROPERTY MGMT. INC.  
7628 N. 56TH ST.  
TAMPA FL 33617

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
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, 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	KIRBY, FRANKLIN D.	
STREET ADDRESS	14100 N 48TH ST, E204	
CITY-ST-ZIP	TAMPA FL	
TITLE	<del>VSD</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>NORMA THOMAS</del>	
STREET ADDRESS	<del>14100 N 48TH ST #D204</del>	
CITY-ST-ZIP	<del>TAMPA FL</del>	
TITLE	<del>TSY</del>	<input type="checkbox"/> DELETE
NAME	JONES, MICHAEL W.	
STREET ADDRESS	14100 N 48 ST E202	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	Gloria Tuell	
STREET ADDRESS	14100 N. 46th D104	
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	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TUELL, GLORIA	
1.3 STREET ADDRESS	14100 N. 46TH STREET D-104	
1.4 CITY-ST-ZIP	TAMPA, FL 33613	
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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JONES, MICHAEL	
3.3 STREET ADDRESS	14100 N. 46TH STREET, E202	
3.4 CITY-ST-ZIP	TAMPA, FL 33613	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
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 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 on an attachment with an address

SIGNATURE \_\_\_\_\_

CR2E037 (10/97)