FILE NOW: FILING FEE IS $61.25

FILED
Apr 16 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 # **751601** **(6)**

1. Corporation Name

THE OAKS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
639 AVENUE F. NW **APT 1** **WINTER HAVEN FL 33881** **US**	**639 AVENUE F. N.W.** **APT 1** **WINTER HAVEN FL 33881** **US**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

3. Date Incorporated or Qualified: **03/19/1980**

4. FEI Number: **59-2876593** ☐ Applied For ☐ Not Applicable

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

HERZOG, JOSEPH
295 7TH ST SW
WINTER HAVEN FL 33880

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	D	☐ Change ☐ Addition
NAME	BARNES, MYRA		1.2 NAME	Pauline McMahan	
STREET ADDRESS	639 AVE F NW		1.3 STREET ADDRESS	639 Ave F NW #1	
CITY-ST-ZIP	WINTER HAVEN FL		1.4 CITY-ST-ZIP	Winter Haven Fl	
TITLE	D	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	BENNICK, PATRICIA		2.2 NAME	Diane Herzog	
STREET ADDRESS	639 AVE F NE		2.3 STREET ADDRESS	295 7th St. SW	
CITY-ST-ZIP	WINTER HAVEN FL		2.4 CITY-ST-ZIP	Winter Haven, Fl.	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHMIDT, ROSE		3.2 NAME		
STREET ADDRESS	639 AVE F NW		3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		3.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	TANNER, TREVOR		4.2 NAME	Patricia Bennick	
STREET ADDRESS	639 AVE F NW		4.3 STREET ADDRESS	639 Ave. F, NW #3	
CITY-ST-ZIP	WINTER HAVEN FL		4.4 CITY-ST-ZIP	Winter Haven, Fl 33881	
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PRETIZE, NANCY		5.2 NAME		
STREET ADDRESS	3916 CYPRESS LANDINGS N		5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		5.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HERZOG, JOSEPH		6.2 NAME		
STREET ADDRESS	295 7TH ST SW		6.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Nancy Pretize (Director) 3/30/98 (941) 324-4994