

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED
 AND
 FILED

1997 OCT -6 PM 12: 05

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northrup, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 760128 (9)

1. Corporation Name
LITTLE OAKS HOMEOWNERS ASSOCIATION, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O BARRY L CLAYTON 18314 LITTLE OAKS DR JUPITER FL 33458 US	Mailing Address C/O BARRY L CLAYTON 18314 LITTLE OAKS DR JUPITER FL 33458 US
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3. Date Incorporated or Qualified 09/22/1981	3a. Date of Last Report 06/25/1996
4. FEI Number 59-2696340	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**CLAYTON, BARRY L
 18314 LITTLE OAKS DR
 JUPITER FL 33458**

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

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	CLAYTON, BARRY	
STREET ADDRESS	18314 LITTLE OAKS DR	
CITY-ST-ZIP	JUPITER FL	
TITLE	VPO	<input type="checkbox"/> DELETE
NAME	MCALICE, TIM	
STREET ADDRESS	18315 LITTLE OAKS DR	
CITY-ST-ZIP	JUPITER FL	
TITLE	PO	<input checked="" type="checkbox"/> DELETE
NAME	DESMIT, STEVE	
STREET ADDRESS	10007 OAK LEAF DR	
CITY-ST-ZIP	JUPITER FL	
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	P/D
2.2 NAME	000002317480
2.3 STREET ADDRESS	-10/10/97-01979-010
2.4 CITY-ST-ZIP	*****61.25 *****61.25
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	S/D
3.3 STREET ADDRESS	Bosher, Virginia
3.4 CITY-ST-ZIP	18301 Oak Leaf Dr, Jupiter, FL 33458
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 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 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.

CR2E037 (497)

Handwritten signature and date:
 7/20/97
 10/10/97