

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 # 766539 (1)

1. Corporation Name

TOWN OAKS HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

Mailing Address

103 S US 1
FS-135
JUPITER FL 33477
US

103 S U S HWY 1
HF5-135
JUPITER FL 33477
US

3. Date Incorporated or Qualified

01/13/1983

3a. Date of Last Report

02/20/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INGLIS, STEVE
C/O BRISTOL MGMT
103 S US1, F5-135
JUPITER FL 33477

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SANTOMASO, PAM	
STREET ADDRESS	1013 RAINTREE LANE	
CITY-ST-ZIP	PALM BCH GRDNS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BEREDA, JAN	
STREET ADDRESS	1027 RAINTREE DR	
CITY-ST-ZIP	PALM BCH. GRDNS FL	
TITLE	DD	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, ROBERT	
STREET ADDRESS	1035 RAINTREE DR	
CITY-ST-ZIP	PALM BEACH GDNS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ALLEN, JAMES	
STREET ADDRESS	1037 RAINTREE DR.	
CITY-ST-ZIP	PALM BCH GRDNS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JIMENEZ, SHEILA	
STREET ADDRESS	1059 RAINTREE LANE	
CITY-ST-ZIP	PALM BCH GRDNS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SANTOMASO, PAM	
1.3 STREET ADDRESS	1013 RAINTREE LANE	
1.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL	
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CHUCK DODGE	
2.3 STREET ADDRESS	1093 RAINTREE HARBOR COURT	
2.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL	
3.1 TITLE	DD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SAM HUNT	
3.3 STREET ADDRESS	1019 RAINTREE DRIVE	
3.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL	
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	DD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	PATTY TROTTER	
6.3 STREET ADDRESS	1089 RAINTREE DRIVE	
6.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL	

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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-96

624-4582

CR2E037 (12/95)