


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 17 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 # 766950 (0)
1. Corporation Name
THE OAKS UNIT V CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 14100 N. 46TH STREET TAMPA FL 33613		Mailing Address C/O WISE PROPERTY MGMT. 7628 N. 56TH STREET, SUITE 8 TAMPA FL 33617		3. Date Incorporated or Qualified 02/11/1983
2. Principal Place of Business 21		2a. Mailing Address 25		4. FEI Number 59-3035562
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent SPIVEY, WILLIAM C 7628 N. 56TH STREET SUITE 8 TAMPA FL 33617		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWIDLER, CODY	1.2 NAME	
STREET ADDRESS	14100 N. 46TH STREET #R-32	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33613	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSCIGLIO, DAREN	2.2 NAME	
STREET ADDRESS	14100 N. 46TH STREET #R-30	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33613	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NERON, BETH	3.2 NAME	
STREET ADDRESS	14100 N. 46TH STREET #O-20	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33613	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUMOIS, MARIE	4.2 NAME	
STREET ADDRESS	2513 S. YSABELLA AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, VIVAN	5.2 NAME	
STREET ADDRESS	14100 N. 46TH STREET #O-5	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33613	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 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: *[Signature]* **RE DAREN A. Busciglio** 4-10-98 978-0796

CR2E037 (10/97)