

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 04 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 # N01633 (9)

1. Corporation Name
THE OAKS UNIT VIII CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business % UNIVERSITY PROPERTIES, INC. 824 E. FLETCHER AVENUE TAMPA FL 33612	Mailing Address % UNIVERSITY PROPERTIES, INC. 824 E. FLETCHER AVENUE TAMPA FL 33612
--	--

3. Date Incorporated or Qualified
02/24/1984

4. FEI Number
59-2494297

Applied For
 Not Applicable

2. Principal Place of Business 21 7001 Temple Terrace Hwy. Suite, Apt. #, etc.	2a. Mailing Address 26 7001 Temple Terrace Hwy. Suite, Apt. #, etc.
---	--

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 City & State Temple Terrace, Fl.	27 City & State Temple Terrace, Fl.
---	---

7. Is this nonprofit corporation a homeowners association?
 Yes No

24 Zip 33637	25 Country	28 Zip 33637	30 Country
------------------------	------------	------------------------	------------

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

LERNER, PATRICIA L
606 MADISON, STE 2001
TAMPA FL 33602

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIELDS, HUGH	1.2 NAME	
STREET ADDRESS	1632 SEABREEZE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPGS FL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, DEBRA	2.2 NAME	
STREET ADDRESS	1632 SEABREEZE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPGS FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, LARRY	3.2 NAME	
STREET ADDRESS	1632 SEABREEZE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPGS FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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] **1/24/98** **980-1007**

CR2E037 (10/97)