


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N03939 (8)
 1. Corporation Name
NORTH OAKS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 14550 BRUCE B DOWNS BLVD. P.O. BOX 13463 TAMPA FL 33681	Mailing Address 14550 BRUCE B DOWNS BLVD. P.O. BOX 13463 TAMPA FL 33681-3463
---	--

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/27/1984		3a. Date of Last Report 05/01/1996	
21		26		4. FEI Number 59-2508746		Applied For <input type="checkbox"/> Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LABARBERA, MICHAEL D. 1907 WEST KENNEDY BLVD. TAMPA FL 33606				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				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				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	MARTI WEAVER			1.2 NAME			
STREET ADDRESS	14550 BRUCE B DOWNS BLVD			1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			1.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	-DOUGLAS TOPP			2.2 NAME	Jan Turvey		
STREET ADDRESS	14550 BRUCE B DOWNS BLVD			2.3 STREET ADDRESS	14550 Bruce B Downs Blvd.		
CITY-ST-ZIP	TAMPA FL			2.4 CITY-ST-ZIP	Tampa, FL. 33613		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANNE DISIMILE-			3.2 NAME	Robert Witschiebin		
STREET ADDRESS	14550 BRUCE B DOWNS BLVD			3.3 STREET ADDRESS	14550 Bruce B Downs Blvd.		
CITY-ST-ZIP	TAMPA FL			3.4 CITY-ST-ZIP	Tampa, FL. 33613		
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 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 as an attachment with an address.

SIGNATURE _____ DATE **4/7/97** **813-839-8020**

CR2E037 (9/96)