## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

OAK TREE GARDENS HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2573 PARK AVE. SOUTH

2573 PARK AVE

**FILED** Jun 16 1997 8:00am Secretary of State



TITUSVILLE FL	32780	TITUSVILLE FL 32780-5100								
US		U\$			3. Date Incorporated or Qualified 07/25/1984 3a. Date of Last Report 03/15/1996			port <b>36</b>		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number 59-2823601		<del></del>	plied For		
21 2 <i>57</i>	3 Park Un. So		same			39-2023001		<del></del>	t Applicable	
Sulte, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired		\$8.75 A		
22		27	City & State						·	
23	wille, El	28			6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added to			
Zip	Country	Zip	Coun	try		8. This corporation has liability for in	tangible ta	ix under s.	199.032,	
24 327			30					No		
9. Name and Address of Current Registered Agent					Name	10. Name and Address of New Registered Agent				
					81 Name					
WARD, RUTH 2563 S PARK AVE				<b>32</b> 5	Street Add	ress (P.O. Box Number is Not Acceptabl	e)			
				B3						
TITUSVILLE FL 32780										
				- [	City		FL	<b>85</b> Zip 0		
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: I  12. OFFICERS AND DIRECTORS				13.		ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12	
TITLE	D	DELETE	1.1 TOTA	.E				Change	Addition	
NAME	DAVIS, RENE	_	1.2 NAN	Æ	ļ					
STREET ADDRESS	2577 S PARK AVENUE		1.3 STR		DORESS					
CITY-ST-ZIP	TITUSVILLE FL		1.4 CITY							
TITLE		DELETE	2.1 TITLE					Change	Addition	
NAME	STANGE, PHYLLIS		2.2 NAME		İ					
STREET ADDRESS	2573 S. PARK AVE		2.3 STR	REET AC	DORESS					
CITY-ST-ZIP	TITUSVILLE FL		2. 4 CITY - ST - ZIP		ZIP					
TITLE	D	☐ DELETE	3.1 TITL	3.1 TITLE			Į.	Change	Addition	
NAME	HEFFINGTON, PHILLIP		3.2 NAN	3.2 NAME						
STREET ADDRESS	2565 S. PARK AVENUE		3.3 STR	REET AD	ODRESS					
CITY-ST-ZIP	TITUSVILLE FL		3.4. CIT	3.4. CITY+ST-ZIP						
TITLE	PD DELETE		4.1 TITL	4.1 TITLE			l	Change	Addition	
NAME	WARD, RUTH		4. 2 NA	ME						
STREET ADDRESS	2563 S. PARK AVE		4.3 STR	REET AD	odress					
CITY-ST-ZIP	TITUSVILLE FL		4.4 CIT	Y-ST-	ZIP					
TITLE	<b>6</b> □ DELETE		5.1 TITL	5.1 TITLE			Į	Change	☐ Addition	
NAME	NAZZARE, JAN		5.2 NAN	5.2 NAME						
STREET ADDRESS			5.3 STR	5.3 STREET ADDRESS					•	
CITY-ST-ZIP	TITUSVILLE FL			5.4 CITY-ST-ZIP				<del>-1</del>	<b>—</b>	
TITLE		☐ DELETE	6.1 TITU				l	Change	Addition	
NAME			6.2 NA	ME						
STREET ADDRESS			6.3 STR	REET AC	DDRESS					
CITY-ST-ZIP			6.4 CIT	Y-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 charged, or on an attachment with an address.