


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 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 # N04387 (9)

1. Corporation Name
THE OAKS OF MAITLAND HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 771 DOMMERICH DRIVE MAITLAND FL 32751 US	Mailing Address 771 DOMMERICH DRIVE MAITLAND FL 32751-4506 US
--	---

3. Date Incorporated or Qualified 07/26/1984	3a. Date of Last Report 06/24/1996
--	--

2. Principal Place of Business 21 771 Dommerich Dr	2a. Mailing Address 26 771 Dommerich Dr
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Maitland FL	28 City & State Maitland FL
24 Zip 32751	25 Country Orange
29 Zip 32751	30 Country Orange

4. FEI Number 59-2443462	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

**WILLIAMS, JESSE P.
1606 THE OAKS DR
MAITLAND FL 32751**

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

TITLE	DP	<input type="checkbox"/> DELETE
NAME	HAUSHEER, CHRISTINE	
STREET ADDRESS	771 DOMMERICH DRIVE	
CITY-ST-ZIP	MAITLAND FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	WARD, RAFFERTY	
STREET ADDRESS	1602 THE OAKS DRIVE	
CITY-ST-ZIP	MAITLAND FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	EISENBERG, LYA	
STREET ADDRESS	1506 THE OAKS DR.	
CITY-ST-ZIP	MAITLAND FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	DORE, ANNE	
STREET ADDRESS	1507 THE OAKS DRIVE	
CITY-ST-ZIP	MAITLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 on an attachment with an address.

SIGNATURE: *Lya Eisenberg* **REQUIRED Lya Eisenberg** 407-647-122-97 5380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/mo Phone # 0014053

CR2E037 (9/96)