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Mar 26 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 # N05315 (9)
1. Corporation Name
CONTINENTAL OAKS III HOMEOWNERS ASSOCIATION, INC



Principal Place of Business Mailing Address
P.O. BOX 37040 TALLAHASSEE FL 32315 P.O. BOX 37040 TALLAHASSEE FL 32315-7040

3. Date Incorporated or Qualified 09/24/1984 3a. Date of Last Report 06/19/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30
4. FEI Number 59-2765557 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fees Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAULS, JAMES S.
1121 OCALA ROAD
TALLAHASSEE FL 32304

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 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 | SAULS, JAMES S. | 1.2 NAME | |
| STREET ADDRESS | 1121 OCALA ROAD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL | 1.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOULAND, WALLACE | 2.2 NAME | |
| STREET ADDRESS | 2103 CONTINENTAL AVE. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL | 2.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KANTZLER, MARIETTE | 3.2 NAME | |
| STREET ADDRESS | 1089 OCALA ROAD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL | 3.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, MARY | 4.2 NAME | |
| STREET ADDRESS | 2103 CONTINENTAL AVE. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STARNES, RICHARD | 5.2 NAME | |
| STREET ADDRESS | 2103 CONTINENTAL AVE. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FLEMING, DENA | 6.2 NAME | |
| STREET ADDRESS | 1087 OCALA RD | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL | 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: [Signature] AS AGENT FOR C.O. UT 3/21/97 224-3253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0008658

CR2E037 (9/96)