

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sunshine State  
Department of State  
Tallahassee, Florida 32399-0001

APR 10  
1995

DOCUMENT # **N06947** (8)

OAK KNOLL CONDOMINIUM ASSOCIATION, INC.

95 MAY -1 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Office Address: **209 LAKE CHAPMAN W. LUTZ FL 33549**  
 Mailing Address: **209 LAKE CHAPMAN W. LUTZ FL 33549**

3. Date incorporated or Qualified: **12/31/1984**  
 3a. Date of Last Report: **05/01/1994**  
 4. FID Number: **59-2894272**  
 Applied For:   
 Not Applicable:

21. Principal Office Address: **209 LAKE CHAPMAN W. LUTZ FL 33549**  
 22. State App # of: **27**  
 23. City, State: **Lutz, FL**  
 24. Zip: **33549**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Fetched Copyright Form and Paid Copyright:  **\$5.00 May Be Added to Fees**  
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  **\$68.75 Supplemental Fee Not Required**  
 8. This corporation has liability for intangible tax under 1993 Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent:  
**MOORE, PAUL  
 12742 N 57TH ST  
 TAMPA FL 33617**

10. Name and Address of New Registered Agent:  
 81 Name:  
 82 Street Address, P.O. Box Number, Not Applicable:  
 83 City:  
 84 State: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.01 and 607.02, Florida Statutes, this also named corporation certifies the statement for the purpose of changing its registered office is a registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors for a term, except the appointment of a registered agent, term limited with and except the provisions of Sections 607.01, Florida Statutes.

SIGNATURE: \_\_\_\_\_ Secretary, Treasurer, Director, or Officer

12. DIRECTORS AND OFFICERS		13. AGENTS FOR SERVICE OF PROCESS	
NAME	ADDRESS	NAME	ADDRESS
PD MOORE, PAUL 12742 N. 57TH ST. TAMPA FL			
TD BOYD, BEA 209 W LAKE CHAPMAN RD LUTZ FL			
D SMITH, JUDY 12719 N 57TH ST TAMPA FL			

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and valid for the registration of the firm as an LLC under Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that the corporation shall have the same legal rights, liabilities and obligations as if it were an LLC. The fee of the corporation for the year or biennial period covered by this report has been paid to the Department of State, Florida Statutes, and that my name appears in Block 1 of the Florida Statutes.

SIGNATURE: *Bea Boyd* **BEA BOYD, TREASURER 4-24-95 (813) 961-2606**