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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N12566** (8)
1. Corporation Name
OAKS II HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 595 BAY ISLES RD. P. O. BOX 6364 LONGBOAT KEY FL 34228	Mailing Address 595 BAY ISLES RD. P. O. BOX 6364 LONGBOAT KEY FL 34228-6364
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29	Country 30
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3. Date Incorporated or Qualified 12/16/1985	3a. Date of Last Report 03/08/1996
4. FEI Number 59-2792601	Applied For 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**BETH CALLANS, JMC PROPERTY MANAGEMENT
3174 GULF OF MEXICO DRIVE
LONG BOAT KEY FL 34228**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	PALMERI, GARIBLES
STREET ADDRESS	7065 S TAMiami TRAIL
CITY-ST-ZIP	SARASOTA FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BERNATCHEZ,
STREET ADDRESS	368 MACEWEN DR
CITY-ST-ZIP	OSPREY FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	RIVOLTA, PIERRO
STREET ADDRESS	2033 MAIN ST
CITY-ST-ZIP	SARASOTA FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	JOHNSON, GARY <i>10 Macewen Dr.</i>
STREET ADDRESS	4582 DEL SOL BLVD S <i>GRiffin WOODS</i>
CITY-ST-ZIP	SARASOTA FL 34243 <i>Osprey, FL 34229</i>
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	VINGENT, WICKIE <i>Mary Kelly</i>
STREET ADDRESS	4582 DEL SOL BLVD S <i>2033 Main St #104</i>
CITY-ST-ZIP	SARASOTA FL 34243 <i>Sarasota FL 34237</i>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JAMES KERIS
1.3 STREET ADDRESS	682 TRENTON WAY
1.4 CITY-ST-ZIP	OSPREY FL 34229
2.1 TITLE	Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robert Wyatt
2.3 STREET ADDRESS	852 MACEWEN DR
2.4 CITY-ST-ZIP	OSPREY FL 34229
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	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MARY KELLY
5.3 STREET ADDRESS	2033 MAIN STREET #104
5.4 CITY-ST-ZIP	SARASOTA, FL 34237
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: _____ DATE: **3/25/97** DAYTIME PHONE: **941 918-9822**

CR2E037 (9/96)