


FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N13140** (1)
1. Corporation Name
KNIGHT OAK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	
% LEILA D BRAY 3175 HILLIARD COURT MELBOURNE FL 32934		% LEILA D BRAY 3175 HILLIARD COURT MELBOURNE FL 32934		01/24/1986	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	
21 c/o Gary S. Mosher		26 c/o Gary S. Mosher		59-2991393	
22 3160 Hilliard Ct		27 3160 Hilliard Ct		Applied For	
23 City & State Melbourne FL		28 City & State Melbourne FL		Not Applicable	
24 Zip 32934		29 Zip 32934		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country USA		30 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
BRUTZ, MICHAEL J. 2112 WEST NEW HAVEN AVE WEST MELBOURNE FL 32901				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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	
				FL	

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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DODD, STANLEY	1.2 NAME	Lori Neitzke
STREET ADDRESS	3795 WEEPING WILLOW	1.3 STREET ADDRESS	3165 Hilliard Ct
CITY - ST - ZIP	MELBOURNE FL	1.4 CITY - ST - ZIP	Melbourne FL 32934
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAY, LEILA	2.2 NAME	Paul Fardelmann
STREET ADDRESS	3175 HILLIARD CT	2.3 STREET ADDRESS	3325 Turtlecreek Rd.
CITY - ST - ZIP	MELBOURNE FL	2.4 CITY - ST - ZIP	Melbourne FL 32934
TITLE	VPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Treasurer (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEITZKE, FREDERICK	3.2 NAME	Gary Mosher
STREET ADDRESS	3165 HILLIARD COURT	3.3 STREET ADDRESS	3160 Hilliard Ct
CITY - ST - ZIP	MELBOURNE FL	3.4 CITY - ST - ZIP	Melbourne FL 32934
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Secretary (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, LINDA	4.2 NAME	Tammy Thompson
STREET ADDRESS	3175 KNIGHT OAK	4.3 STREET ADDRESS	3155 Hilliard Ct
CITY - ST - ZIP	MELBOURNE FL	4.4 CITY - ST - ZIP	Melbourne FL 32934
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I 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: *G. S. Mosher* 4/13/98 (407) 254-3262

CR2E037 (10/97)