

FILE NOW: FILING FEE IS \$61.25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 MAR 17 PM 12:40

~~NONPROFIT~~
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
N18466
DIVISION OF CORPORATIONS

DOCUMENT # N18466
Corporation Name
Oak Knoll II at Pine Island Ridge
Homeowner's Association

Principal Place of Business Mailing Address
8930 State Rd. 84
P.O. Box 221
Davie, FL 33324

3. Date Incorporated or Qualified 3a. Date of Last Report

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 Applied For
65-0039075 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
James Inklebarger
2321 SW 98 Terr.
Ft. Lauderdale, FL 33324

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	President	<input type="checkbox"/> DELETE
NAME	James Inklebarger	
STREET ADDRESS	2321 SW 98 Terr.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33324	
TITLE	V-P	<input type="checkbox"/> DELETE
NAME	Larry Dolce	
STREET ADDRESS	9740 SW 23 Pl.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33324	
TITLE	Sec-treasurer	<input type="checkbox"/> DELETE
NAME	Jane Gonsalves	
STREET ADDRESS	9910 SW 23 St	
CITY-ST-ZIP	Ft. Lauderdale, FL 33324	
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	500002123655-4
1.4 CITY-ST-ZIP	-03/25/97-01058-015
2.1 TITLE	****\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	****\$61.25
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: James W. Inklebarger DATE: 3/19/97 DAYTIME PHONE #: 475 8855

CR2E037 (9/96)