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Apr 02 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 # N26874 (0)
1. Corporation Name
OAK RUN PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business: % LANG MANAGEMENT CO., INC. 5295 TOWN CENTER RD., SUITE 200 BOCA RATON FL 33486-8088
Mailing Address: % LANG MANAGEMENT CO., INC. 5295 TOWN CENTER RD., SUITE 200 BOCA RATON FL 33486-1088

3. Date Incorporated or Qualified: 06/09/1988
3a. Date of Last Report: 02/14/1996
4. FEI Number: 65-0086041
5. Certificate of Status Desired: \$8.75 Additional Fee 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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
LANG MANAGEMENT CO., INC.
5295 TOWN CENTER RD.
SUITE 200
BOCA RATON FL 33486

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	PD	<input type="checkbox"/> DELETE
NAME	BLUM, BARRY	
STREET ADDRESS	6364 NW 25 WAY	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CORNFIELD, ALBERT	
STREET ADDRESS	2412 NW 63 ST	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FORSMAN, ANN	
STREET ADDRESS	2416 NW 63 ST.	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAPIDUS, PHYLLIS	
STREET ADDRESS	2482 NW 63RD ST.	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FENGLER, JOHN	
STREET ADDRESS	6309 NW 25 WAY	
CITY-ST-ZIP	BOCA RATON FL 33496	
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	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D. KADIN, FRED
2.3 STREET ADDRESS	6372 NW 25 WAY
2.4 CITY-ST-ZIP	BOCA RATON FL 33496
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T/D Lapidus, Phyllis
4.3 STREET ADDRESS	2482 NW 63 ST
4.4 CITY-ST-ZIP	BOCA RATON FL 33496
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	V/D Fengler, John
5.3 STREET ADDRESS	6309 NW 25 Way
5.4 CITY-ST-ZIP	BOCA RATON FL 33496
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 or on an attachment with an address.

SIGNATURE _____ DATE 3/21/97

CR2E037 (9/96)