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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N31534

1. Corporation Name
THE OAKS HOMEOWNERS ASSOCIATION OF DELAND, INC.

Principal Place of Business

502 LEAF CR
 DELAND FL 32724
 US

Mailing Address

502 LEAF CR
 DELAND FL 32724
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified
04/05/1989

4. FEI Number
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

9. Name and Address of Current Registered Agent

STANDLEY, DONNA
312 NOTCH LN
DELAND FL 32724

10. Name and Address of New Registered Agent

81 Name **JO HALL**
 82 Street Address (P.O. Box Number is Not Acceptable) **520 NUTMEG CR**
 83
 84 City **DELAND** FL 85 Zip Code **32724**

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 *Jo Hall President HOA* DATE **2/18/99**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STANDLEY, DONNA	
STREET ADDRESS	312 NOTCH LN	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMSON, YOLANDE	
STREET ADDRESS	462 BARK CR	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HALL, JO	
STREET ADDRESS	520 NUTMEG	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARNETT, JACK	
STREET ADDRESS	532 LEAF CIRCLE	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHREENGOST, WAYNE	
STREET ADDRESS	331 KNOT WAY	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, JOHN	
STREET ADDRESS	402 CINNAMON CIRCLE	
CITY-ST-ZIP	DELAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JO HALL	
1.3 STREET ADDRESS	520 NUTMEG CR	
1.4 CITY-ST-ZIP	DELAND, FL 32724	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HARRY COLE	
2.3 STREET ADDRESS	526 NUTMEG CR	
2.4 CITY-ST-ZIP	DELAND, FL 32724	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DONNA STANDLEY	
3.3 STREET ADDRESS	312 NOTCH LN	
3.4 CITY-ST-ZIP	DELAND, FL 32724	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CAROL CASS	
4.3 STREET ADDRESS	400 CINNAMON CR	
4.4 CITY-ST-ZIP	DELAND, FL 32724	
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 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, with all other like empowered.

SIGNATURE: *Jo Hall President HOA* DATE **2/18/99** 904-738-9260

CR2E037 (11/98)