

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Motham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PH 1:08

DOCUMENT # **N32210** (9)
1. Corporation Name
SIXTEEN OAKS ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
11471 OAKHURST RD. LARGO FL 34644 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/10/1989** 3a. Date of Last Report **04/21/1994**
4. FEI Number **59-3079676** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **11483 OAKHURST RD** 26 **11483 OAKHURST RD.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **LARGO FL** 27 **LARGO FL.**
City & State City & State
23 **34644** 24 **U.S.A.** 28 **34644** 29 **U.S.A.**
Zip Country Zip Country

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
STIVALI, SANTO
11471 OAKHURST RD.
LARGO FL 34644

10. Name and Address of New Registered Agent
81 Name **EUGENE LAMBERT**
82 Street Address (P.O. Box Number is Not Acceptable) **11483 OAKHURST RD.**
83 **LARGO FL**
84 City **LARGO** 85 Zip Code **34644**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.
SIGNATURE **EUGENE LAMBERT TRCA. Eugene Lambert** DATE **4-26-95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STIVALI, SANTO
STREET ADDRESS	11471 OAKHURST RD
CITY - ST - ZIP	LARGO FL 34644
TITLE	SD
NAME	DABILIS, JAMES
STREET ADDRESS	11467 OAKHURST RD
CITY - ST - ZIP	LARGO FL
TITLE	TD
NAME	STIVALI, ROSEMARIE
STREET ADDRESS	11471 OAKHURST RD
CITY - ST - ZIP	LARGO FL 34644
TITLE	TD
NAME	LAMBERT, EUGENE
STREET ADDRESS	11483 OAKHURST RD.
CITY - ST - ZIP	LARGO FL
TITLE	D
NAME	TELLOCK, JAMES
STREET ADDRESS	11478 OAKHURST RD.
CITY - ST - ZIP	LARGO FL 34644
TITLE	D
NAME	MCFERON, MICHAEL
STREET ADDRESS	11469 OAKHURST RD.
CITY - ST - ZIP	LARGO FL 34644

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	ROD SNIDEKER
13 STREET ADDRESS	11479 OAKHURST RD.
14 CITY - ST - ZIP	LARGO, FL. 34644
21 TITLE	VICE PRESIDENT D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	MICHAEL MCFERON
23 STREET ADDRESS	11469 OAKHURST RD.
24 CITY - ST - ZIP	LARGO, FL. 34644
31 TITLE	SECRETARY D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	BETTY TELLOCK
33 STREET ADDRESS	11477 OAKHURST RD.
34 CITY - ST - ZIP	LARGO, FL. 34644
41 TITLE	TREASURER D <input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	EUGENE LAMBERT
43 STREET ADDRESS	11483 OAKHURST RD.
44 CITY - ST - ZIP	LARGO, FL. 34644
51 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	SHARON PERNA
53 STREET ADDRESS	11481 OAKHURST RD.
54 CITY - ST - ZIP	LARGO, FL. 34644
61 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	JAMES TELLOCK
63 STREET ADDRESS	11477 OAKHURST RD.
64 CITY - ST - ZIP	LARGO, FL. 34644

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: **EUGENE LAMBERT. Eugene Lambert** DATE **4-26-95** TELEPHONE **813-596-6566**