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May 20 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 # N32210 (9)
1. Corporation Name
SIXTEEN OAKS ASSOCIATION, INC.



Principal Place of Business Mailing Address
11483 OAKHURST RD LARGO FL 34644 US
11483 OAKHURST RD. LARGO FL 33774-3925 US

3. Date Incorporated or Qualified 05/10/1989 3a. Date of Last Report 04/29/1996

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 59-3079676 Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
LAMBERT, EUGENE
11483 OAKHURST RD.
LARGO FL 34844

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 *Eugene Lambert* EUGENE LAMBERT. 4-15-97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	SNEDEKER, ROD	1.2 NAME	
STREET ADDRESS	11479 OAKHURST RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	33774
TITLE	VPD	2.1 TITLE	VPD
NAME	MCPHERSON, MICHAEL	2.2 NAME	JAMES DABILIS
STREET ADDRESS	11489 OAKHURST RD.	2.3 STREET ADDRESS	11467 OAKHURST RD.
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	LARGO, FL. 33774
TITLE	SD	3.1 TITLE	S
NAME	PERNADHSTON	3.2 NAME	SHARON PERNA
STREET ADDRESS	11481 OAKHURST RD	3.3 STREET ADDRESS	11481 OAKHURST RD.
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	LARGO, FL. 33774
TITLE	TD	4.1 TITLE	
NAME	LAMBERT, EUGENE	4.2 NAME	
STREET ADDRESS	11483 OAKHURST RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	33774
TITLE		5.1 TITLE	D
NAME		5.2 NAME	ELIZ SNEDEKER
STREET ADDRESS		5.3 STREET ADDRESS	11479 OAKHURST RD.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	LARGO, FL. 33774
TITLE		6.1 TITLE	D
NAME		6.2 NAME	STEVE MUDGER
STREET ADDRESS		6.3 STREET ADDRESS	11481 OAKHURST RD.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	LARGO, FL. 33774

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CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	LARGO, FL. 33774
TITLE	TD	4.1 TITLE	
NAME	LAMBERT, EUGENE	4.2 NAME	
STREET ADDRESS	11483 OAKHURST RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	33774
TITLE		5.1 TITLE	D
NAME		5.2 NAME	ELIZ SNEDEKER
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CITY-ST-ZIP		5.4 CITY-ST-ZIP	LARGO, FL. 33774
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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: *Eugene Lambert* EUGENE LAMBERT. 4-15-97

CR2E037 (9/96)