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**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90016 039 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N32210**

1. Corporation Name  
**SIXTEEN OAKS ASSOCIATION, INC.**

Principal Place of Business 11483 OAKHURST RD LARGO FL 34644 US	Mailing Address 11483 OAKHURST RD. LARGO FL 34644 US
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2. Principal Place of Business 21 <b>11481 OAKHURST RD</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>11481 OAKHURST RD</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>05/10/1989</b>
22	27	4. FEI Number <b>59-3079676</b> Applied For Not Applicable
23 <b>LARGO FL.</b> City & State	28 <b>LARGO FL</b> City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
24 <b>33774</b> Zip	25 Country	29 <b>33774</b> Zip
26 Country	30	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

9. Name and Address of Current Registered Agent <b>LAMBERT, EUGENE</b> 11483 OAKHURST RD. LARGO FL 33774	10. Name and Address of New Registered Agent 81 Name <b>SHARON L. PERNA</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>11481 OAKHURST RD.</b> 83 84 City <b>LARGO</b> FL 85 Zip Code <b>33774</b>
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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 *Sharon L. Perna* **SHARON L. PERNA** DATE **2/14/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SNEDEKER, ROD</b> <b>11479 OAKHURST RD.</b> <b>LARGO FL 33774</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PD</b> <b>Stivali, Salvador SANTO</b> <b>11471 Oakhurst Rd.</b> <b>Largo, FL 33774</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>DABILIS, JAMES</b> <b>11467 OAKHURST RD</b> <b>LARGO FL 33774</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VPD</b> <b>Strader, Rosalee</b> <b>11477 Oakhurst Rd.</b> <b>Largo, FL 33774</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>PERNA, SHARON</b> <b>11481 OAKHURST RD</b> <b>LARGO FL 33774</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>LAMBERT, EUGENE</b> <b>11483 OAKHURST RD.</b> <b>LARGO FL 33774</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SNEDEKER, ELIZ</b> <b>11479 OAKHURST RD</b> <b>LARGO FL 33774</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b> <b>McPheron, Linda</b> <b>11469 Oakhurst Rd.</b> <b>Largo FL 33774</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MUDGER, STEVE</b> <b>11481 OAKHURST RD.</b> <b>LARGO FL 33774</b> <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Salvador Santo* **SANTO S. STIVALI** DATE: **2-14-99** DAYTIME PHONE: **596-4362**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)