

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90014 035 ****61.25

DOCUMENT # N32210

1. Entity Name

SIXTEEN OAKS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

11481 OAKHURST RD
 LARGO FL 34644
 US

11481 OAKHURST RD
 LARGO FL 33774-3925
 US

A0004266



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3079676

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

FERNA, SHARON L
11481 OAKHURST RD
LARGO FL 33774

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **STIVALI, SANTO**
 STREET ADDRESS **11477 OAKHURST RD**
 CITY-ST-ZIP **LARGO FL 33774**

TITLE Change Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** Delete
 NAME **STRADER, ROSA LEE**
 STREET ADDRESS **11477 OAKHURST RD**
 CITY-ST-ZIP **LARGO FL 33774**

TITLE Change Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SECRETARY** Delete
 NAME **PERNA, SHARON**
 STREET ADDRESS **11481 OAKHURST RD**
 CITY-ST-ZIP **LARGO FL 33774**

TITLE Change Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **LAMBERT, EUGENE**
 STREET ADDRESS **11483 OAKHURST RD.**
 CITY-ST-ZIP **LARGO FL 33774**

TITLE Change Add
 NAME **TO MCKENZIE CINDY**
 STREET ADDRESS **11473 OAKHURST RD.**
 CITY-ST-ZIP **LARGO, FL 33774**

TITLE **D** Delete
 NAME **MCPHERON, LINDA**
 STREET ADDRESS **11469 OAKHURST RD**
 CITY-ST-ZIP **LARGO FL 33774**

TITLE Change Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **MUDGER, STEVE**
 STREET ADDRESS **11481 OAKHURST RD**
 CITY-ST-ZIP **LARGO FL 33774**

TITLE Change Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-727-596-45
 1-5 2000. 727-59645
 Date Daytime Phone #