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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N35465 (6)

1. Corporation Name
SEVEN OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 641 INLET ROAD NORTH PALM BEACH FL 33408	Mailing Address 641 INLET ROAD NORTH PALM BEACH FL 33408-3703
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3. Date Incorporated or Qualified 11/27/1989	3a. Date of Last Report 06/20/1996
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2. Principal Place of Business 2290 SEVEN OAKS LANE	2a. Mailing Address 2290 SEVEN OAKS LANE
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State PALM BEACH GARDENS FL	27. City & State PALM BEACH GARDENS FL
23. Zip 33410	28. Zip 33410
24. Country USA	29. Country USA

4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ENDRO, MARTINA
641 INLET ROAD
NORTH PALM BEACH FL 33408**

10. Name and Address of New Registered Agent

81. Name	82. Street Address (P.O. Box Number is Not Acceptable) 2290 SEVEN OAKS LANE
83.	
84. City PALM BEACH GARDENS FL	85. Zip Code 33410

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: **MARTINA ENDRO X** (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> DELETE
NAME	ENDRO, MARTINA	
STREET ADDRESS	641 INLET ROAD	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VERSTEEGEN, HANS H	
STREET ADDRESS	4068 LARCH AVENUE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VERSTEEGEN, ELIZABETH	
STREET ADDRESS	4068 LARCH AVENUE	
CITY-ST-ZIP	PALM BCH. GARDENS FL 33410	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2290 SEVEN OAKS LANE
1.4 CITY-ST-ZIP	PALM BEACH GARDENS FL 33410
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2250 SEVEN OAKS LANE
2.4 CITY-ST-ZIP	PALM BEACH GARDENS FL 33410
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	2250 SEVEN OAKS LANE
3.4 CITY-ST-ZIP	PALM BEACH GARDENS FL 33410
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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: **MARTINA ENDRO X** (NOTE: Signature and typed or printed name of signing officer or director) **881-8166** Date Daytime Phone # **0040543**

CR2E037 (9/96)