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Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N37553** (7)

1. Corporation Name

THE OAKS OF SPRING HILL HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**13277 CECIL CT.
SPRING HILL FL 34809
US**

Mailing Address

**13277 CECIL CT.
SPRING HILL FL 34809
US**

3. Date Incorporated or Qualified

04/06/1990

4. FEI Number

59-3010946

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GAST, CLARENCE R
13277 CECIL CT.
SPRING HILL FL 34809**

81 Name

Gast, Clarence R.

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

13277 Cecil Ct.

83

84 City

Spring Hill,

FL

85 Zip Code

34609

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

Clarence R. Gast
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-13-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PDT
NAME HALLORAN, DONALD
STREET ADDRESS 6036 NOCKLYN RD.
CITY-ST-ZIP SPRING HILL FL**

TITLE ☐ DELETE

**VPD
NAME GAST, CLARENCE R
STREET ADDRESS 13277 CECIL CT.
CITY-ST-ZIP SPRING HILL FL 34809**

TITLE ☐ DELETE

**SD
NAME WOERZ, BARBARA
STREET ADDRESS 6036 NOCKLYN ROAD
CITY-ST-ZIP SPRING HILL FL**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**PD
NAME Halloran, Donald
STREET ADDRESS 6036 Nocklyn Rd.
CITY-ST-ZIP Spring Hill, FL 34609**

2.1 TITLE ☐ Change ☐ Addition

**2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP**

3.1 TITLE ☒ Change ☐ Addition

**STD
NAME Woertz, Barbara
STREET ADDRESS 6036 Nocklyn Rd.
CITY-ST-ZIP Spring Hill, FL 34609**

4.1 TITLE ☐ Change ☐ Addition

**4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**

5.1 TITLE ☐ Change ☐ Addition

**5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**

6.1 TITLE ☐ Change ☐ Addition

**6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP**

14. 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 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:

Clarence R. Gast
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-98

352-686-4890

CP2E037 (10/97)