

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>13277 CECIL CT. SPRING HILL FL 34809 US</b>	Mailing Address <b>13277 CECIL CT. SPRING HILL FL 34809 US</b>
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3. Date Incorporated or Qualified <b>04/06/1990</b>	
4. FEI Number <b>59-3010946</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent  
**GAST, CLARENCE B  
13277 CECIL CT.  
SPRING HILL FL 34809**

10. Name and Address of New Registered Agent

81 Name <b>Gast, Clarence R.</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>13277 Cecil Ct.</b>	
83	
84 City <b>Spring Hill, FL</b>	85 Zip Code <b>34609</b>

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 B. Gast DATE 4-13-98  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE <b>PDT</b>	<input type="checkbox"/> DELETE
NAME <b>HALLORAN, DONALD</b>	
STREET ADDRESS <b>6036 NOCKLYN RD.</b>	
CITY-ST-ZIP <b>SPRING HILL FL</b>	
TITLE <b>VPD</b>	<input type="checkbox"/> DELETE
NAME <b>GAST, CLARENCE R</b>	
STREET ADDRESS <b>13277 CECIL CT.</b>	
CITY-ST-ZIP <b>SPRING HILL FL 34809</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE
NAME <b>WOERZ, BARBARA</b>	
STREET ADDRESS <b>6036 NOCKLYN ROAD</b>	
CITY-ST-ZIP <b>SPRING HILL FL</b>	
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 <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Halloran, Donald</b>	
1.3 STREET ADDRESS <b>6036 Nocklyn Rd.</b>	
1.4 CITY-ST-ZIP <b>Spring Hill, FL 34609</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE <b>STD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>Woerz, Barbara</b>	
3.3 STREET ADDRESS <b>6036 Nocklyn Rd.</b>	
3.4 CITY-ST-ZIP <b>Spring Hill, FL 34609</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	
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 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 B. Gast DATE 4-13-98 352-686-4890  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (10/97)