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Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthagen
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50364 (1)

1. Corporation Name
THE OAKS AT ROCKLEDGE COUNTRY CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 1600 WOODLAND DR #E-101 ROCKLEDGE FL 32955 US
Mailing Address: 1600 WOODLAND DR #E-101 ROCKLEDGE FL 32955-2502 US

3. Date Incorporated or Qualified: 08/14/1992
3a. Date of Last Report: 02/27/1996

2. Principal Place of Business: 21 1024 Fairlawn, Suite, Apt. #, etc. 22 Rockledge FL
2a. Mailing Address: 26 1024 Fairlawn, Suite, Apt. #, etc. 27 Rockledge FL
4. FEI Number: 59-3152827 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: MOSLEY, CURTIS R. 1221 EAST NEW HAVEN AVE. MELBOURNE FL 32901
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: FL

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: *Ida Kirsner, Sec'y.* Ida Kirsner, Sec'y. Feb. 12, 1997
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KIRSNER, HYMAN		1.2 NAME	
STREET ADDRESS: 750 N. ATLANTIC AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP: COCOA BEACH FL		1.4 CITY-ST-ZIP	
TITLE: DST	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KIRSNER, IDA		2.2 NAME	
STREET ADDRESS: 750 N. ATLANTIC AVE. PH #6		2.3 STREET ADDRESS	
CITY-ST-ZIP: COCOA BEACH FL		2.4 CITY-ST-ZIP	
TITLE: DVP	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KIRSNER, STEVEN		3.2 NAME	1024 Fairlawn
STREET ADDRESS: 1600 WOODLAND DR, UNIT E101		3.3 STREET ADDRESS	Melbourne, Fl. 32955
CITY-ST-ZIP: ROCKLEDGE FL OLP AM/LESS		3.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME	
STREET ADDRESS:		4.3 STREET ADDRESS	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-ST-ZIP:		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: STEVEN KIRSNER, VICE PRES: *Steven Kirsner* V.P.; 2/22/97 (407)639-1388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0020273

CR2E037 (9/96)