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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # N50364

(1)

THE OAKS AT ROCKLEDGE COUNTRY CLUB CONDOMINIUM A SSOCIATION, INC.

Principal Place of Business Mailing Address					<u>-</u> -	
C/O STEVEN A. KIRSNER		C/O STEVEN A. KIRSNER 1024 FAIRLAWN DRIVE ROCKLEDGE FL 32955-3032 US			3. Date Incorporated or Qualified	
1024 FAIRLAWN DRIVE					08/14/1992	
ROCKLEDGE FL 32955-3032 US					4- FEI Number Applied For	
					59-3152827 Not Applicable	
2. Principal P	lace of Business	2a. Mailing Address 26	·			5. Certificate of Status Desired S8.75 Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be	
22		27				Trust Fund Contribution Added to Fees
City & State		City & State			(7) Is this nonprofit corporation a homeowners association?	
23		28				Yes No
Zip	Country	Zip	\vdash	ıntry		This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30, Yes Yoki Abdir
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
				81	Name	
MOSLEY, CURTIS R.				82	Street Addr	ess (P.O. Box Number is Not Acceptable)
1221 EAST NEW HAVEN AVE.						,
MELBOURNE FL 32901				83		
1			ı	84	Citv	85 Zip Code
				**	City	FL 85 ZIP COde
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 Signature, typed or printed name of registered agent and title if applicable, (NOTE, Registered Agent signature required when reinstating) DATE						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered A 12. OFFICERS AND DIRECTORS 13.				d Agen	t signature require	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP OFFICERS ARE	DELETE	1.1 11	T) E		Change Addition
NAME	KIRSNER, HYMAN		1.2 NA			
STREET ADDRESS	750 N. ATLANTIC AVE.				IDODECC	
1	CORP. ESTABLE		1	1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		
CITY-ST-ZIP				2.1 TITLE		Change Addition
NAME	KIRSNER, IDA		2.1 1 2.2 N			
	750 N. ATLANTIC AVE. PH #6				-D00500	
00001.051011.51			2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP		1	
CITY-ST-ZIP						V P Addition
NAME			3.4 131	LLE LLE	14	RSNER, STEVEN 24 FAIRLAWN DR.
1	KIRSNER, STEVEN	404	3,2 NA	AME.	Ki	24 Estel But DR.
STREET ADDRESS	1600 WOODLAND DR, UNIT E	IU1	3.3 ST	ireet a	IDDRESS 1 O .	4.2 L. WIL MULLON 10 . L.

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 of truestee exprowered 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.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

CiTY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

ROCKLEDGE FL

QUIRE AND TYPED OR PRINCED NAME OF SIGNING AFFIGER OR DIRECTOR

DELETE

DELETE

___ DELETE

1/8/98

(407)639-138

FL 32955-3032

FILED

Jan 29 1998 8:00am

Secretary of State

5 / 7 / 3 8 0 Daytime Phone # 0000197

Change

Change

Change

Addition

Addition

Addition

R2E037 (10/97)