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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N50364

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

Principal Place of Business C/O STEVEN A. KIRSNER 1024 FAIRLAWN DRIVE :OLD ROCKLEDGE FL 32955-3032 US	Mailing Address C/O STEVEN A. KIRSNER 1024 FAIRLAWN DRIVE :OLD ROCKLEDGE FL 32955-3032 US
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32955-6109



2. Principal Place of Business 21 912 HIALEAH ST. Suite, Apt. #, etc. 22	2a. Mailing Address 26 912 HIALEAH ST. Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 08/14/1992
23 City & State ROCKLEDGE, FLORIDA	28 City & State ROCKLEDGE, FL.	4. FEI Number 59-3152827 Applied For Not Applicable
24 Zip 32955-6109	25 Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
29 Zip 32955-6109	30 Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	KIRSNER, HYMAN	
STREET ADDRESS	750 N. ATLANTIC AVE.	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	KIRSNER, IDA	
STREET ADDRESS	750 N. ATLANTIC AVE. PH #6	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	KIRSNER, STEVEN	
STREET ADDRESS	1024 FAIRLAWN DR OLD ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DVP KIRSNER, STEVEN
3.3 STREET ADDRESS	912 HIALEAH ST.
3.4 CITY-ST-ZIP	ROCKLEDGE, FL 32955-6109
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 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, with all other like empowered.

SIGNATURE: STEVEN KIRSNER DATE: 1/4/99 DAYTIME PHONE: (407)639-1388

CR2E037 (1/98)