

FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000003758 (8)
1. Corporation Name
OAKWOOD FOREST ASSOCIATION, INC.



Principal Place of Business 6900 SOUTHPOINT DRIVE NORTH SUITE 430 JACKSONVILLE FL 32216 US	Mailing Address 6900 SOUTHPOINT DRIVE NORTH SUITE 430 JACKSONVILLE FL 32216-0938 US
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3. Date Incorporated or Qualified 08/07/1995	3a. Date of Last Report 01/29/1996
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2. Principal Place of Business 21. Suite, Apt. #, etc. SUITE 250 22. City & State JACKSONVILLE FL 23. Zip 32216 24. Country US	2a. Mailing Address 26. Suite, Apt. #, etc. SUITE 250 27. City & State JACKSONVILLE FL 28. Zip 32216 29. Country US
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4. FEI Number 59-3262620	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**SIMON, BERT C
1660 PRUDENTIAL DR
SUITE 203
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	DP SANKERS, GUS C	<input type="checkbox"/> DELETE
NAME	6900 SOUTHPOINT DR NW	
STREET ADDRESS	JACKSONVILLE FL 32216	
CITY-ST-ZIP		
TITLE	DV ALEXANDER, ALEC	<input type="checkbox"/> DELETE
NAME	6900 SOUTHPOINT DR NW	
STREET ADDRESS	JACKSONVILLE FL 32216	
CITY-ST-ZIP		
TITLE	DST THURSTON, LYNN	<input type="checkbox"/> DELETE
NAME	6900 SOUTHPOINT DR NW	
STREET ADDRESS	JACKSONVILLE FL 32216	
CITY-ST-ZIP		
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	DST PLANCE, SANDRA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	6900 South Point Dr. N.	
3.3 STREET ADDRESS	JACKSONVILLE, FL 32216	
3.4 CITY-ST-ZIP		
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 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.

CR2E037 (9/96)