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Secretary of State

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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 # N97000001331

1. Corporation Name
THE OAKS MALL MERCHANTS' ASSOCIATION, INCORPORATED

Principal Place of Business 6419 NEWBERRY ROAD GAINESVILLE FL 32605	Mailing Address 6419 NEWBERRY ROAD GAINESVILLE FL 32605
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/04/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1906341
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	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

DORNFIELD, TOM
 6419 NEWBERRY ROAD
 GAINESVILLE FL 32605

10. Name and Address of New Registered Agent

81 Name DORNFIELD, TOM
82 Street Address (P.O. Box Number is Not Acceptable) 6419 NEWBERRY ROAD
83
84 City GAINESVILLE
85 Zip Code FL 32605

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 *Thomas Dornfield* (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DORNFIELD, TOM		1.2 NAME DORNFIELD, TOM	
STREET ADDRESS 6419 NEWBERRY ROAD		1.3 STREET ADDRESS 6419 NEWBERRY ROAD	
CITY-ST-ZIP GAINESVILLE FL 32605		1.4 CITY-ST-ZIP GAINESVILLE, FL 32605	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HECKER, EMIL		2.2 NAME NELSON, PAUL	
STREET ADDRESS 6481 NEWBERRY ROAD		2.3 STREET ADDRESS 6481 NEWBERRY ROAD	
CITY-ST-ZIP GAINESVILLE FL 32605		2.4 CITY-ST-ZIP GAINESVILLE, FL 32605	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KEPPEL, ROBERT		3.2 NAME FLINT, TERRI	
STREET ADDRESS 6323 NEWBERRY ROAD		3.3 STREET ADDRESS 6323 NEWBERRY ROAD	
CITY-ST-ZIP GAINESVILLE FL 32605		3.4 CITY-ST-ZIP GAINESVILLE, FL 32605	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ENNIS, RICHARD		4.2 NAME BRODEUR, CHRIS	
STREET ADDRESS 6495 NEWBERRY ROAD		4.3 STREET ADDRESS 6495 NEWBERRY ROAD	
CITY-ST-ZIP GAINESVILLE FL 32605		4.4 CITY-ST-ZIP GAINESVILLE, FL 32605	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CLAYTON, DANA		5.2 NAME	
STREET ADDRESS 6671 NEWBERRY ROAD		5.3 STREET ADDRESS	
CITY-ST-ZIP GAINESVILLE FL 32605		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCMONAGLE, MARY ANN		6.2 NAME	
STREET ADDRESS 6201 NEWBERRY ROAD		6.3 STREET ADDRESS	
CITY-ST-ZIP GAINESVILLE FL 32605		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: *Thomas Dornfield* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

CR2E037 (11/98)