
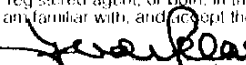



FILE NOW: FILING FEE IS \$61.25

FILED
Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																																																																																																													
DOCUMENT # N96000004766 (9) 1. Corporation Name CENTRAL OAKS CONDOMINIUM ASSOCIATION, INC.																																																																																																															
2. Principal Place of Business 5328 Central Avenue St. Petersburg, FL 33707		Mailing Address 5328 Central Avenue St. Petersburg, FL 33707																																																																																																													
21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country	3. Date Incorporated or Qualified 9/13/96	3a. Date of Last Report Applied For Not Applicable																																																																																																												
4. FEI Number 59-7078930		5. Certificate of Status Desired <input checked="" 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 M. KIRBY WATSON 600 49th Street North Suite C St. Petersburg, FL 33710		10. Name and Address of New Registered Agent 81. Name FREDERICK J.V. PEARSON 82. Street Address (P.O. Box Number is Not Acceptable) 5328 Central Avenue 83. 84. City St. Petersburg, FL 85. Zip Code 33707																																																																																																													
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  FREDERICK J.V. PEARSON 2/24/97 <small>(Signature of registered agent or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																															
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>P/D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>FREDERICK J.V. PEARSON</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5328 Central Avenue</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>St. Petersburg, FL 33707</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S/T/D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>KAREN B. LEVERITT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5328 Central Avenue</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>St. Petersburg, FL 33707</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP/D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>G. RICHARD LEVERITT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5328 Central Avenue</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>St. Petersburg, FL 33707</td> <td></td> </tr> <tr> <td>TITLE</td> <td>P/D</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>M. KIRBY WATSON</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>600 49th Street North</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>St. Petersburg, FL 33710</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>PATRICIA E. WATSON</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>600 49th Street North</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>St. Petersburg, FL 33710</td> <td></td> </tr> </table>		TITLE	P/D	<input type="checkbox"/> DELETE	NAME	FREDERICK J.V. PEARSON		STREET ADDRESS	5328 Central Avenue		CITY - ST - ZIP	St. Petersburg, FL 33707		TITLE	S/T/D	<input type="checkbox"/> DELETE	NAME	KAREN B. LEVERITT		STREET ADDRESS	5328 Central Avenue		CITY - ST - ZIP	St. Petersburg, FL 33707		TITLE	VP/D	<input type="checkbox"/> DELETE	NAME	G. RICHARD LEVERITT		STREET ADDRESS	5328 Central Avenue		CITY - ST - ZIP	St. Petersburg, FL 33707		TITLE	P/D	<input checked="" type="checkbox"/> DELETE	NAME	M. KIRBY WATSON		STREET ADDRESS	600 49th Street North		CITY - ST - ZIP	St. Petersburg, FL 33710		TITLE	D	<input checked="" type="checkbox"/> DELETE	NAME	PATRICIA E. WATSON		STREET ADDRESS	600 49th Street North		CITY - ST - ZIP	St. Petersburg, FL 33710		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>1.4 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>2.4 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>3.4 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>4.4 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>5.4 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>6.4 CITY - ST - ZIP</td> <td></td> </tr> </table>		1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY - ST - ZIP		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME		2.3 STREET ADDRESS		2.4 CITY - ST - ZIP		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	3.2 NAME		3.3 STREET ADDRESS		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	
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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:  FREDERICK J.V. PEARSON 2/24/97 813-323-8444 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																															

CR2E037 (9/96)