

FILE NOW: FILING FEE AFTER MAY 1 1995 \$5.00

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
John B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767782 (6)
1. Corporation Name
CONTINENTAL OAKS II HOMEOWNERS ASSOCIATION, INC.

FILED

98 JAN 15 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

P.O. BOX 37153
TALLAHASSEE FL 32315

P.O. BOX 37153
TALLAHASSEE FL 32315

REINSTATEMENT 1/15

3. Date Incorporated or Qualified

04/01/1983

3a. Date of Last Report

04/19/1994

4. FEI Number

59-2765557

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAULS, JAMES S.
1121 OCALA RD.
TALLAHASSEE FL 32304

81 Name

James S. Sauls

82

Street Address (P.O. Box Number is Not Acceptable)

916 N. GADSDEN STREET
Tallahassee

83

84 City

FL

85

Zip Code

32303

11. Pursuant to the provisions of Sections 607.0509 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 607.0505, Florida Statutes.

SIGNATURE

President

16 Feb 96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	SAULS, JAMES S.
STREET ADDRESS	1121 OCALA RD.
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	VD
NAME	BOURLAND, WALLY
STREET ADDRESS	2103 CONTINENTAL AVENUE
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	STD
NAME	SMITH, MARY NELL
STREET ADDRESS	RT. 2, BOX 392-A
CITY-ST-ZIP	HAVANA FL
TITLE	D
NAME	ISAACS, DAN
STREET ADDRESS	431 WAVERLY RD
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	D
NAME	MARSHALL, DALLAS
STREET ADDRESS	1005 PAULA DRIVE
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	D
NAME	STARNES, RICHARD P.
STREET ADDRESS	2103 CONTINENTAL AVE
CITY-ST-ZIP	TALLAHASSEE FL

1.1 TITLE	PD
1.2 NAME	James S. Sauls
1.3 STREET ADDRESS	916 N. GADSDEN ST.
1.4 CITY-ST-ZIP	Tallahassee, Florida 32303
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Mary Nell Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 Feb 96 (904)576-5165

Date

Daytime Phone #