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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **718583** (8)

1. Corporation Name

OAK AVENUE WATER SYSTEM, INC.



Principal Place of Business RT 2 BOX 1328 P.O. BOX 392 WILLISTON FL 32696	Mailing Address RT 2 BOX 1328 P.O. BOX 392 WILLISTON FL 32696
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2. Principal Place of Business 21 1348 N.E. 157th AVE Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 392 Suite, Apt. #, etc.
23 Williston FL City & State 24 32696 25 LEVY Zip Country	27 Williston FL City & State 28 32696 29 LEVY Zip Country

3. Date Incorporated or Qualified 05/26/1970	
4. FEI Number 59-6382242	Applied For <input type="checkbox"/> Not Applicable

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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SMITH, JOSEPH E ALT. US 27 BEAUCHAMP & SMITH LEGAL BLDG BRONSON FL 32621	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, MARY K.	1.2 NAME	
STREET ADDRESS	RT 2 BOX 817NA	1.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAFFORD, HARRY	2.2 NAME	
STREET ADDRESS	RT 2 BOX 1328	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON, FL 00000	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, FRANK	3.2 NAME	
STREET ADDRESS	RT. 2 BOX 1329	3.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTON, RUSSELL	4.2 NAME	
STREET ADDRESS	RT 2 BOX 1330	4.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANFORD, THOMAS W.	5.2 NAME	
STREET ADDRESS	RT 2 BOX 1325	5.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON, FL 0	5.4 CITY-ST-ZIP	
TITLE	P	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRELL, DOROTHY	6.2 NAME	
STREET ADDRESS	RT 2 BOX 1371	6.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL	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.

SIGNATURE: Mary Kate Smith 3/19/98 352 528-2200

CR2E037 (10/97)