FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 13 AM 11:18

DOCUMENT # 729113 (1)

1. Corporation Name
DE LAND OAKS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
100 EAST KENTUCKY AVENUE DELAND FLORIDA 32724	100 EAST KENTUCKY AVENUE DELAND FLORIDA 32724

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/20/1974
3a. Date of Last Report: 03/29/1994
4. FEI Number: 59-1724494 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

KENNEDY, MICHAEL R.
687 BEVILLE ROAD, SUITE A
SOUTH DAYTONA FL 32119

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	COLLIER, JOE	1.2 NAME	
STREET ADDRESS	10C E. KENTUCKY AVE. H-3	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	ROSS, ROBERT	2.2 NAME	
STREET ADDRESS	3815 N US STE 54	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCO FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	STD ☒ Change ☐ Addition
NAME	SPENCER, JOHN	3.2 NAME	MIDDLETON, BARBARA
STREET ADDRESS	100 E. KENTUCKY AVE. H-6	3.3 STREET ADDRESS	100 E. Kentucky Ave. F-1
CITY-ST-ZIP	DELAND FL	3.4 CITY-ST-ZIP	Deland, Fl.
TITLE	D	4.1 TITLE	D ☒ Change ☐ Addition
NAME	SHELTON, MARION	4.2 NAME	QUICK, WALTER
STREET ADDRESS	923 N CLARA AVE	4.3 STREET ADDRESS	100 E. Kentucky Ave. A-1
CITY-ST-ZIP	DELAND FL	4.4 CITY-ST-ZIP	Deland, Florida
TITLE	STD	5.1 TITLE	D ☒ Change ☐ Addition
NAME	QUICK, WALTER	5.2 NAME	ZINIEL, JOAN
STREET ADDRESS	100 E KENTUCKY AVE A-1	5.3 STREET ADDRESS	100 E. Kentucky Ave. K-105
CITY-ST-ZIP	DELAND FL	5.4 CITY-ST-ZIP	Deland, Fl.
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Joe W. Collier JOE W. COLLIER 3/7/95 904-738-0409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0051003