FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
Feb 27 1998 8:00am
Secretary of State

DOCUMENT # 729113 (1)

1. Corporation Name

DELAND OAKS ASSOCIATION, INC.

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

3. Date Incorporated or Qualified: 03/20/1974

4. FEI Number: 59-1724494 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LAUMARK, VIGGO		1.2 NAME		
STREET ADDRESS	1624 MERCERS FERNERY RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FOGLEMAN, KAREN S		2.2 NAME		
STREET ADDRESS	100 E KENTUCKY AVE B6		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL		2.4 CITY-ST-ZIP		
TITLE	SDTD	☐ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	RHODES, H V		3.2 NAME		
STREET ADDRESS	100 E KENTUCKY AVE K4		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL		3.4 CITY-ST-ZIP		
TITLE	TDSD	☒ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	RHODES, H V		4.2 NAME	TERESA DOUGHERTY	
STREET ADDRESS	100 E KENTUCKY AVE K4		4.3 STREET ADDRESS	100 E KENTUCKY AVE J102	
CITY-ST-ZIP	DELAND FL		4.4 CITY-ST-ZIP	DELAND FL	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CHERNYSH, SUETTA		5.2 NAME		
STREET ADDRESS	911 MESQUITE TR		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	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 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: [illegible]

CR2E037 (10/97)