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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729113

1. Corporation Name

DELAND OAKS ASSOCIATION, INC.

Principal Place of Business
100 EAST KENTUCKY AVENUE
DELAND FLORIDA 32724

Mailing Address
100 EAST KENTUCKY AVENUE
DELAND FLORIDA 32724



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/20/1974

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1724494

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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
NAME LAUMARK, VIGGO
STREET ADDRESS 1624 MERCERS FERNERY RD
CITY-ST-ZIP DELAND FL

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE VD
NAME FOGLEMAN, KAREN S
STREET ADDRESS 100 E KENTUCKY AVE B6
CITY-ST-ZIP DELAND FL

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE SD
NAME RHODES, H V
STREET ADDRESS 100 E KENTUCKY AVE K4
CITY-ST-ZIP DELAND FL

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE TD
NAME DOUGHERTY, TERESA
STREET ADDRESS 100 E KENTUCKY AVE J102
CITY-ST-ZIP DELAND FL

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME CHERNYSH, SUETTA
STREET ADDRESS 911 MESQUITE TR
CITY-ST-ZIP DELAND FL

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT
Katherine Harris

Date

Daytime Phone #

904 738-0409

CR2E037 (11/98)