SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
95 AUG -7 AM 10:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 746278 (1)

1. Corporation Name
OAKRUN SUBDIVISION ASSOCIATION, INCORPORATED

Principal Place of Business
P.O. BOX 441
TALLEVAST FL 34270-0441

Mailing Address
P.O. BOX 441
TALLEVAST FL 34270-0441

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/16/1979
3a. Date of Last Report: 05/11/1994
4. FEI Number: 59-2317152 — Applied For / Not Applicable

2. Principal Place of Business 21 ✓
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26 ✓
Suite, Apt. #, etc. 27
City & State 28
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
~~PETER TUCKERMAN~~
~~4729 OAK RUN DRIVE~~
~~SARASOTA FL 34243~~

10. Name and Address of New Registered Agent
81 Name: Rodgers, Robert E.
82 Street Address (P.O. Box Number is Not Acceptable): 4718 OAK RUN Dr.
83
84 City: Sarasota, FL 85 Zip Code: 34243

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: Robert E. Rodgers — Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
DATE: 8/1/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1 1 TITLE	PD Rodgers, Robert	☒ Change ☐ Addition
NAME	WALL, KEN	1 2 NAME	4718 OAK RUN DR.	
STREET ADDRESS	3733 OAK RUN DRIVE	1 3 STREET ADDRESS	SARASOTA, FL. 34243	
CITY-ST-ZIP	SARASOTA FL	1 4 CITY-ST-ZIP		
TITLE	TD	2 1 TITLE	TD	☒ Change ☐ Addition
NAME	TUCKERMAN, PETER	2 2 NAME	Le Boeuf, William A	
STREET ADDRESS	4729 OAK RUN DIRVE	2 3 STREET ADDRESS	7408 Oak Run Lane	
CITY-ST-ZIP	SARASOTA FL	2 4 CITY-ST-ZIP	Sarasota, FL 34243	
TITLE	VD	3 1 TITLE	VD	☒ Change ☐ Addition
NAME	MARSH, GRADY	3 2 NAME	WALL, Kenneth	
STREET ADDRESS	47220 AKAUN DRIVE	3 3 STREET ADDRESS	4733 OAK Run Drive	
CITY-ST-ZIP	SARASOTA FL	3 4 CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	SD	4 1 TITLE	SD	☒ Change ☐ Addition
NAME	WILLIARD, WAYNE	4 2 NAME	Nellie Jackson	
STREET ADDRESS	7419 OAK LANE	4 3 STREET ADDRESS	4720 OAK Run Drive	
CITY-ST-ZIP	SARASOTA FL	4 4 CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE		5 1 TITLE		☐ Change ☐ Addition
NAME		5 2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY-ST-ZIP		5 4 CITY-ST-ZIP		
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)(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: Kenneth D. Wall — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Kenneth D. Wall
Date: 8-1-95 Daytime Phone #: (941) 351-4344

CR2E037 (3/95)

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