


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
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	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
3. Date Incorporated or Qualified 03/16/1979		3a. Date of Last Report 05/01/1996	
4. FEI Number 59-2317152		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	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent TOKARZ, CHARLES 4721 OAK RUN DR. SARASOTA FL 34243		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 PRES. <input type="checkbox"/> DELETE NAME TOKARZ, CHARLES STREET ADDRESS 4721 OAK RUN DR. CITY-ST-ZIP SARASOTA FL		1.1 TITLE PD S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD <input type="checkbox"/> DELETE NAME LEBOEUF, WILLIAM A TRUSTEE STREET ADDRESS 7408 OAK RUN LANE DIRECTOR CITY-ST-ZIP SARASOTA FL		2.1 TITLE SECRETARY - DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME PATRICE SANDERS 2.3 STREET ADDRESS 7321 OAK RUN LANE 2.4 CITY-ST-ZIP SARASOTA, FL 34243	
TITLE VP <input type="checkbox"/> DELETE NAME ARNOLD, ROY TREASURER STREET ADDRESS 4717 OAK RUN DR. DIRECTOR CITY-ST-ZIP SARASOTA FL		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE SD <input checked="" type="checkbox"/> DELETE NAME JOHNSON, PEGGY DELETED STREET ADDRESS 4726 OAK RUN DR. CITY-ST-ZIP SARASOTA FL		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I do 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 **CHARLES TOKARZ** 5/1/97 941-355-1321

CR203716-31