## 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

OAKRUN SUBDIVISION ASSOCIATION, INCORPORATED  Principal Place of Business Mailing Address										
P.O. BOX 441 P.O. BOX 441 TALLEVAST FL 34270-0141							3. Date Incorporated or Qualified			
							ţ	l	pplied For	
2. Principal P	iace of Business	2a. Mailing	2a. Mailing Address 26					5. Certificate of Status Desired \$8.75	Additional lequired	
Sulte, Apt.		27	Suite, Apt. #, etc.					Election Campaign Financing     Trust Fund Contribution     Added to Fees		
City & Stat		28						7. Is this nonprofit corporation a homeowners association?  Yes No		
Zip 24	Country 25	Zip <b>29</b>	30				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
	9. Name and Address of Curre	ent Registered Ag	ent					10. Name and Address of New Registered Agent		
					81	Name	1			
TOKARZ, CHARLES 4721 OAK RUN DR.					82	Street	Address (P.O. Box Number is Not Acceptable)			
SARASC	)TA FL 34243				63					
					B4	City		FL 85 Zip	Code	
office or r	to the provisions of Sections 617.05 egistered agent, or both, In the Stat m familiar with, and accept the oblig	te of Florida, Such	change was a	uthorized	vd b	the con	d corporation	ration submits this statement for the purpose of changing in a board of directors. I hereby accept the appointment as	its registered registered	
SIGNATURE	The fill of the decept the esti-	gationic or, cootion		naa olan	2.00	•				
SIGNATURE .	Signature, typed or printed name of registered a	gent and title if applicable	. (NOTE	: Registered	i Ager	nt signature	e required	when reinstating) DATE		
12.		ND DIRECTORS		13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
TITLE	PDS	l	DELETE	1.1 111			P	Change	Addition	
NAME	TOKARZ, CHARLES		1.2 NA	1.2 NAME						
STREET ADDRESS					1.3 STREET ADDRESS					
CITY+ST-ZIP	SARASOTA FL				1.4 CITY-ST-ZIP		<b>↓</b>		"T" a 4 404	
TITLE	TD DELETE			2.1 TITLE			Change	Addition		
NAME	LEBOEUF, WILLIAM A			2.2 NAME				•		
STREET ADDRESS	7408 OAK RUN LANE			2.3 STREET AD						
CITY-ST-ZIP	SARASOTA FL		2.4 CI		T-ZIP	<del> </del>	Change	☐ Addition		
TITLE	ADMOLO DOV	ARNOLD, ROY					1	Change	CT Addition	
NAME DEDOCT 4000500	4717 OAK RUN DR.			3.2 NA		4000000				
STREET ADDRESS	SARASOTA FL					ADDRESS	ľ			
CITY-ST-ZIP TITLE	80		DELETE	3.4. CI 4.1 T/T		i-gir	<del></del>	Change	Addition	
NAME	SANDERS, PATRICK				4, 2 NAME		PAT	TRICE SANDERS		
STREET ADDRESS	7321 OAK RUN LANE	E 1			4.3 STREET ADORESS		\ <b>`</b> ```		[	
CITY-ST-ZIP	SARASOTA FL									
TITLE	☐ DELETE		_	4.4 CITY-ST-ZIP 5.1 TITLE		<del>                                     </del>	Change	Addition		
NAME				5.2 NA				•		
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				5.4 CIT						
TITLE			DELETE	6.1 TIT			<u> </u>	Change	Addition	
NAME				6.2 NA	ME		]			
STREET ADDRESS				6.3 ST	REET /	ADDRESS	1			
						- 7IP	1			

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 suppliemental 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.

4-31-98

**FILED** 

May 12 1998 8:00am

Secretary of State