

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 763580 (8)**

1. Corporation Name  
**OAK PLAZA CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <del>% MARK AANONSON</del> E. Tim Cook 700 W. OAK STREET KISSIMMEE FL 34741 US	Mailing Address <del>% MARK AANONSON</del> E. Tim Cook 700 W. OAK STREET KISSIMMEE FL 34741-4900 US
--	---

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	29
25	30

3. Date Incorporated or Qualified <b>06/07/1982</b>	3a. Date of Last Report <b>02/05/1996</b>
4. FEI Number <b>59-2213361</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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

**AANONSON, MARK**  
**700 W. OAK ST.**  
**KISSIMMEE FL 32741**

10. Name and Address of New Registered Agent

81 Name <b>E. Tim Cook</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>700 West Oak Street</b>
83
84 City <b>Kissimmee</b>
85 State <b>FL</b>
Zip Code <b>34741</b>

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 E. Tim Cook (Signature, typed or printed name of registered agent and title if applicable) *E. Tim Cook* (NOTE: Registered Agent signature required when reinstating) **1/23/97** DATE

12. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>PATTERSON, HOWARD K.</b>	
STREET ADDRESS <b>201 W MAIN ST</b>	
CITY-ST-ZIP <b>LOUISVILLE KY</b>	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>PATTERSON, HOWARD K.</b>	
STREET ADDRESS <b>ONE PARK PLAZA</b>	
CITY-ST-ZIP <b>NASHVILLE TN</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>AANONSON, MARK</b>	
STREET ADDRESS <b>700 W. OAK ST.</b>	
CITY-ST-ZIP <b>KISSIMMEE FL</b>	
TITLE <b>STD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>BRAMMER, SHERI</b>	
STREET ADDRESS <b>700 WEST OAK STREET</b>	
CITY-ST-ZIP <b>KISSIMMEE FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>E. Tim Cook</b>
3.3 STREET ADDRESS	<b>700 West Oak Street</b>
3.4 CITY-ST-ZIP	<b>Kissimmee, Florida 34741</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Robert W. Jones</b>
4.3 STREET ADDRESS	<b>700 West Oak Street</b>
4.4 CITY-ST-ZIP	<b>Kissimmee, Florida 34741</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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: E. Tim Cook (Signature and typed or printed name of signing officer or director) *E. Tim Cook* **1/23/97** Date (407) 933-3601 Daytime Phone # **0069786**

CF2E037 (9/96)