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Apr 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766539 (1)
1. Corporation Name
TOWN OAKS HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business		Mailing Address	
103 S US 1 FS-135 JUPITER FL 33477 US		103 S U S HWY 1 HF5-135 JUPITER FL 33477 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	Country	24	25
		29	30

3. Date Incorporated or Qualified	01/13/1983	
4. FEI Number	59-2566901	Applied For 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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

INGLIS, STEVE
C/O BRISTOL MGMT
103 S US1, F5-135
JUPITER FL 33477

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SANTOMASO, PAM	
STREET ADDRESS	1013 RAINTREE LANE	
CITY-ST-ZIP	PALM BCH GRDNS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DODGE, CHUCK	
STREET ADDRESS	1093 RAINTREE CT.	
CITY-ST-ZIP	PALM BCH. GRDNS FL	
TITLE	DD	<input type="checkbox"/> DELETE
NAME	HUNT, SAM	
STREET ADDRESS	1019 RAINTREE DR.	
CITY-ST-ZIP	PALM BEACH GDNS FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, JAMES	
STREET ADDRESS	1037 RAINTREE DR.	
CITY-ST-ZIP	PALM BCH GRDNS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	JIMENEZ, SHEILA	
STREET ADDRESS	1059 RAINTREE LANE	
CITY-ST-ZIP	PALM BCH GRDNS FL	
TITLE	DD	<input type="checkbox"/> DELETE
NAME	TROTTER, PATY PATRICIA	
STREET ADDRESS	1089 RAINTREE DR.	
CITY-ST-ZIP	PALM BEACH GARDENS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DEBARAH MCCLOSKAY	
1.3 STREET ADDRESS	1041 RAINTREE	
1.4 CITY-ST-ZIP	PBG FL 33410	
2.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PETER UKOVICH	
4.3 STREET ADDRESS	1057 RAINTREE	
4.4 CITY-ST-ZIP	PBG FL 33410	
5.1 TITLE	DD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CHET MILLER	
5.3 STREET ADDRESS	1095 RAINTREE ET	
5.4 CITY-ST-ZIP	PBG, FL. 33410	
6.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: Charles W. [Signature]

04-11-98

CR2E037 (10/97)