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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766539

1. Corporation Name

TOWN OAKS HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

103 S US 1
 FS-135
 JUPITER FL 33477
 US

Mailing Address

103 S U S HWY 1
 HF5-135
 JUPITER FL 33477
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/13/1983	
Suite, Apt. #; etc.		Suite, Apt. #; etc.		4. FEI Number	
22		27		59-2566901	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLOSKEY, DEBORAH	1.2 NAME	
STREET ADDRESS	1041 RAINTREE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GRDNS FL 33410	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DODGE, CHUCK	2.2 NAME	
STREET ADDRESS	1093 RAINTREE CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH. GRDNS FL	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNT, SAM	3.2 NAME	
STREET ADDRESS	1019 RAINTREE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GDNS FL	3.4 CITY-ST-ZIP	
TITLE	DD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VUKOVICH, PETER	4.2 NAME	
STREET ADDRESS	1057 RAINTREE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GRDNS FL 3341	4.4 CITY-ST-ZIP	
TITLE	DD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, CHET	5.2 NAME	
STREET ADDRESS	1095 RAINTREE CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GRDNS FL 33410	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROTTER, PATRICIA	6.2 NAME	
STREET ADDRESS	1089 RAINTREE DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	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, with all other like empowered.

SIGNATURE: Charles W DODGE **SIGNATURE REQUIRED** Date: 4-1-99 Daytime Phone # _____

CR2E037 (11/98)