

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 11 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
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DOCUMENT # **N01584** (4)

1. Corporation Name

**THE OAKS OF MAITLAND, FIRST ADDITION, HOMEOWNERS  
' ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
C/O JOHN CHASE 831 SUWANNE CT MAITLAND FL 32751 US	C/O JOHN CHASE 813 SUWANNE CT MAITLAND FL 32751 US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>02/22/1984</b>	3a. Date of Last Report <b>07/12/1996</b>
4. FEI Number <b>59-3059593</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 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	
CHASE, JOHN 813 SUWANNE CT MAITLAND FL 32751	

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	
TITLE	DP <input type="checkbox"/> DELETE
NAME	ESHelman, DOUG
STREET ADDRESS	1624 INDIAN DANCE CT
CITY-ST-ZIP	MAITLAND FL
TITLE	DV <input type="checkbox"/> DELETE
NAME	LANDIN, BARRY
STREET ADDRESS	1534 INDIAN DANCE CT
CITY-ST-ZIP	MAITLAND FL
TITLE	DS <input type="checkbox"/> DELETE
NAME	WHIDDEN, FLOYD
STREET ADDRESS	1513 INDIAN DANCE CT
CITY-ST-ZIP	MAITLAND FL
TITLE	DT <input type="checkbox"/> DELETE
NAME	CHASE, JOHN
STREET ADDRESS	813 SUWANNE CT
CITY-ST-ZIP	MAITLAND FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HOLMES, BRUCE E.
STREET ADDRESS	1601 INDIAN DANCE CT
CITY-ST-ZIP	MAITLAND FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MATHIS, JIM
STREET ADDRESS	1651 INDIAN DANCE CT
CITY-ST-ZIP	MAITLAND FL

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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 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	
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 \_\_\_\_\_ SIGNATURE REQUIRED *John Chase* 8-3-97 907-767-8610

CR2E037 (4/97)