

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N07885 (9)**
1. Corporation Name
OVEROAKS MASTER PROPERTY OWNERS ASSOCIATION, INC



Principal Place of Business Mailing Address
4100 ENCHANTED OAKS CIRCLE KISSIMMEE FL 34741

3. Date Incorporated or Qualified **02/28/1985** 3a. Date of Last Report **10/09/1995**

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 Country
24 Zip 25 Country 29 Zip 30 Country

4. FEI Number **59-2509140** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**NOBLE, R. EDWARD
4100 ENCHANTED OAKS CIRCLE
KISSIMMEE FL 34741**

10. Name and Address of New Registered Agent
81 Name **Andrew E. Kidd**
82 Street Address (P.O. Box Number is Not Acceptable) **4100 Enchanted Oaks Circle**
83
84 City **Kissimmee, Florida** FL 85 Zip Code **34741**

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 *Andrew E. Kidd* **Andrew E. Kidd** DATE **4-18-96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NOBLE, R. EDWARD	
STREET ADDRESS	4100 ENCHANTED OAKS CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	VPTD	<input type="checkbox"/> DELETE
NAME	KIDD, ANDREW E	
STREET ADDRESS	4100 ENCHANTED OAKS CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	TRUETT, JACK E	
STREET ADDRESS	2301 LEEWARD COVE	
CITY-ST-ZIP	KISSIMMEE FL 34742	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LICAUSI, MARIO	
STREET ADDRESS	1739 BIG OAK LANE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TRUETT, JACK	
STREET ADDRESS	2301 LEEWARD COVE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Andrew E. Kidd* **Andrew E. Kidd** 4-18-96 214-343-1452
Date Daytime Phone

CR2E037 (12/95)