

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

4100 ENCHANTED OAKS CIRCLE  
KISSIMMEE FL 34741

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

Country

28 Zip

Country

24

25

29

30

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

DATE

4-18-96

12.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
NOBLE, R. EDWARD  
4100 ENCHANTED OAKS CIRCLE  
KISSIMMEE FL 34741

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VPTD  
KIDD, ANDREW E  
4100 ENCHANTED OAKS CIRCLE  
KISSIMMEE FL 34741

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SD  
TRUETT, JACK E  
2301 LEEWARD COVE  
KISSIMMEE FL 34742

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
LICAUSI, MARIO  
1739 BIG OAK LANE  
KISSIMMEE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
TRUETT, JACK  
2301 LEEWARD COVE  
KISSIMMEE FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew E. Kidd

Date

Daytime Phone

4-18-96 214-343-1452

221-102

CR2037 (12/95)