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Feb 18 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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



Principal Place of Business Mailing Address
4100 ENCHANTED OAKS CIRCLE
KISSIMMEE FL 34741 **4100 ENCHANTED OAKS CIRCLE**
KISSIMMEE FL 34741-2804

3. Date Incorporated or Qualified **02/28/1985** 3a. Date of Last Report **04/23/1996**
4. FEI Number **59-2509140** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional**
Fee Required
6. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution ☐ Added to Fees
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KIDD, ANDREW E
4100 ENCHANTED OAKS CIRCLE
KISSIMMEE FL 34741

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NOBLE, R. EDWARD	
STREET ADDRESS	10610 METRIC DR. #190	
CITY-ST-ZIP	DALLAS TX 75243	
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 checked="" 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 type="checkbox"/> DELETE
NAME	PALMISCIANO, CARL	
STREET ADDRESS	120 FAIRWAY WOODS BLVD.	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	SD <input checked="" 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0088842

CR2E037 (9/96)

Andrew E. Kidd 1-29-97 214-345-1452 #102