

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 # **N07886 (7)**
1. Corporation Name
OVEROAKS PHASE I 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 **10/25/1995**

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 **59-2509156** 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**
Signature typed or printed name of registered agent (NOTE: Registered Agent signature required when reinstating)

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	VTD	<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	D	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, DAVID	
STREET ADDRESS	5330 BALSAM CT	
CITY-ST-ZIP	KISSIMMEE FL	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 1?

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	700001791887
3.4 CITY-ST-ZIP	-04/24/96--01011--008
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	500001791885
4.4 CITY-ST-ZIP	-04/24/96--01011--008
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	***61.25
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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** DATE **4-18-96** DAYTIME PHONE # **24-343-1452 ext. 102**
Signature and typed or printed name of signing officer or director

CR2E037 (12/95)