

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 27 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> , Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N07886 (7)**  
 1. Corporation Name  
**OVEROAKS PHASE I OWNERS ASSOCIATION, INC.**



Principal Place of Business <b>4100 ENCHANTED OAKS CIRCLE KISSIMMEE FL 34741</b>	Mailing Address <b>4100 ENCHANTED OAKS CIRCLE KISSIMMEE FL 34741</b>
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3. Date Incorporated or Qualified <b>02/28/1985</b>
4. FEI Number <b>59-2509156</b>
Applied For <input type="checkbox"/> Not Applicable

21. Principal Place of Business Sulte, Apt. #, etc. City & State Zip	22. Mailing Address Sulte, Apt. #, etc. City & State Zip
<b>21</b>	<b>22</b>
<b>23</b>	<b>24</b>
<b>25</b>	<b>26</b>
<b>27</b>	<b>28</b>
<b>29</b>	<b>30</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**

**KIDD, ANDREW E.  
4100 ENCHANTED OAKS CIRCLE  
KISSIMMEE FL 34741**

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>NOBLE, R. EDWARD</b>	
STREET ADDRESS	<b>4100 ENCHANTED OAKS CIRCLE</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34741</b>	
TITLE	<b>VTD</b>	<input type="checkbox"/> DELETE
NAME	<b>KIDD, ANDREW E</b>	
STREET ADDRESS	<b>4100 ENCHANTED OAKS CIRCLE</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34741</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PALMISCIANO, CARL</b>	
STREET ADDRESS	<b>120 FAIRWAY WOODS BLVD.</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LICAUSI, MARIO</b>	
STREET ADDRESS	<b>1739 BIG OAK LANE</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>SD</b>
3.3 STREET ADDRESS	<b>Morrissey, Bill</b>
3.4 CITY-ST-ZIP	<b>120 Fairway Woods Blvd. Orlando, FL 32824</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>D</b>
4.3 STREET ADDRESS	<b>Hawley, Tim</b>
4.4 CITY-ST-ZIP	<b>1714 Golfview Drive Kissimmee FL 34746</b>
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 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: *R. Edward Noble* **2/1/98** **245 245 1152**

CR2E037 (10/97)