

FILE NOW: FILING FEE IS \$61.25

FILED

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

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham , 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 4100 ENCHANTED OAKS CIRCLE KISSIMMEE FL 34741	Mailing Address 4100 ENCHANTED OAKS CIRCLE KISSIMMEE FL 34741
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3. Date Incorporated or Qualified 02/28/1985
4. FEI Number 59-2509156
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
21	22
23	24
25	26
27	28
29	30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	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 checked="" type="checkbox"/> DELETE
NAME	PALMISCIANO, CARL	
STREET ADDRESS	120 FAIRWAY WOODS BLVD.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LICAUSI, MARIO	
STREET ADDRESS	1739 BIG OAK LANE	
CITY-ST-ZIP	KISSIMMEE FL	
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	SD
3.3 STREET ADDRESS	Morrissey, Bill
3.4 CITY-ST-ZIP	120 Fairway Woods Blvd. Orlando, FL 32824
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	Hawley, Tim
4.4 CITY-ST-ZIP	1714 Golfview Drive Kissimmee FL 34746
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* **3/26/98** **34741**

CR2E037 (10/97)