FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N07886

1. Corporation Name

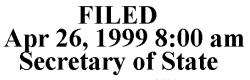
OVEROAKS PHASE I OWNERS ASSOCIATION, INC.

Principal Place of Business 4100 ENCHANTED OAKS CIRCLE KISSIMMEE FL 34741

2. Principal Place of Business

Mailing Address 10610 METRIC DR STE 190 DALLAS TX 75243

2a. Mailing Address



04-26-1999 90070 043 ****61.25

|--|--|

Date Incorporated or Qualifed 02/28/1985

Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				4. FEI Number	App	olied For		
22	•,	17		59-2509156	Not	Applicable				
City & State	City & State City & State			<u> </u>		5. Certificate of Status Desired	\$8.75 A			
23		28	C							
Zip	Country			Country		6. Election Campaign Financing	\$5.00			
24	25 29 30			Trust Fund Contribution Added to Fees 19. Name and Address of New Registered Agent						
	9. Name and Address of Current	Registered Agent	- 0			10. Name and Address of New Register	an Wheut			
KIDD, ANDREW E. 4100 ENCHANTED OAKS CIRCLE KISSIMMEE FL 34741				81 Name						
				82 Street Address (P.O. Box Number is Not Acceptable)						
				83						
***************************************			84	4 03			85 Zip C	ode.		
				City				,OGB		
11 Purcuant	to the provisions of Sections 617 0502	and 617 1508. Florida Statutes	s, the above	- 1 /e-nam	ed corpor	ration submits this statement for the purpose	of changing its	registered		
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										
	Signature, typed or printed name of registered agent OFFICERS AND		13.	ant signau	ne required v	ADDITIONS/CHANGES TO OFFICERS		RS IN 12		
12.	PD	DELETE	1.1 TITLE	~	Т:	/	Change	Addition		
TITLE			1.2 NAME					_		
NAME	NOBLE; R. EDWARD					× /				
STREET ADDRESS				ET ADDRE	SS					
CITY-ST-ZIP	KISSIMMEE FL 34741		1.4 CITY-	ST-ZIP						
TITLE	VTD	☐ DELETE	2.1 TITLE			•	Change	Addition		
NAME	KIDD, ANDREW E		2.2 NAME	٠,						
STREET ADDRESS	4100 ENCHANTED OAKS CIRCI	E	2.3 STRE	ET ADDRE	:ss					
CTTY-ST-ZIP	KISSIMMEE FL 34741		2. 4 CITY-	ST-ZIP						
TILE	SD	X DELETE	3.1 TITLE	,			Change	Addition		
NAME	MORRISEY, BILL		3.2 NAME	٠						
	120 FAIRWAY WOODS BLVD		3.3 STRE	FT ADDRE	ss					
STREET ADDRESS	ORLANDO FL 32824		3.4. CITY-		,					
CITY-ST-ZIP	D	☐ DELETE	4.1 TITLE		, SI	<u> </u>	Change	Addition		
TITLE	• ,	□ ¢cccic	4,1111LE		, 51	•	276			
NAME	HAWLEY, TIM 1714 GOLFVIEW DR	•						•		
STREET ADDRESS	1/14 GOLFVIEW DR		4.3 STRE		SS	• •,				
CITY-ST-ZIP	KISSIMMEE FL 34746		4.4 CITY-					☐ Addition		
TITLE	•	☐ DELETË	5.1 TITLE	2.	1.7		Change	☐ Addition		
NAME			5.2 NAME	(F)	-					
STREET ADDRESS			5.3 STRE		SS					
CITY-ST-ZIP			5.4 CITY-		;					
TITLE		☐ DELETE /	6.1 TITLE				Change	☐ Addition		
NAME		•	6.2 NAME							
STREET ADDRESS			6.3 STRE	ET ADDRE	ss					
CITY-ST-ZIP	_		6.4 CITY-	ST-ZIP						
14. i hereby o	certify that the information supplied with	this filing does not qualify for	the exemp	tion sta	ated in Se	ection 119.07(3)(i), Florida Statutes. I further	certify that the in	nformation		

indicated on this annual report or suppl officer or director of the corporation or Block 12 or Block 13 if changed, or ph annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an ver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in a prefer that all other like empowered.

SIGNATURE: