

OKG

FILE NOW: FILING FEE IS \$61.25

FILED
May 18 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 # **N11904** (2)
1. Corporation Name
OAKLEY GREENE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1801 GLENGARY ST SARASOTA FL 34231-0603	Mailing Address 1801 GLENGARY ST SARASOTA FL 34231-0603
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3. Date Incorporated or Qualified 11/05/1985
4. FEI Number 59-2635095
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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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 checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**CONDOMINIUM MANAGEMENT, INC.
1801 GLENGARY ST
SARASOTA FL 34231**

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 **FL**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUNN, LEONARD W. 4452 OAKLEY GREENE SARASOTA FL 34235 <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PRINZI, B. JOHN 4433 OAKLEY GREENE SARASOTA FL <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PHILLS, JAMES A. 4450 OAKLEY GREENE SARASOTA FL 34235 <input checked="" type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COVENEY, JOSEPH F. 4501 OAKLEY GREEN SARASOTA FL 34235 <input type="checkbox"/> DELETE	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCINTYRE, CLAYOTN O. 4505 OAKLEY GREENE SARASOTA FL <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT CLARK, PAUL R JR. 1801 GLENGARY ST. SARASOTA FL <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SEE ATTACHED

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: *Richard Clark* 4/12/98 P. Richard Clark
941-921-5393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0063036

CR2E037 (10/97)

OKG**Oakley Greene Condominium Association, Inc.**

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Manager **JIM***Local Address*

Date Printed:

3/17/98

Code

P/D	Mr. Joseph F. Coveney 4501 Oakley Greene Sarasota, FL 34235	10
V/D	Mr. B. John Prinzi 4433 Oakley Greene Sarasota, FL 34235	12
S/D	Mrs. Karen H. Duffey <i>131 C</i> 3917 Oakley Greene Sarasota, FL 34235	25
T/D	Mr. William D. Knauss <i>133 C</i> 3946 Oakley Greene Sarasota, FL 34235	30
D	Mr. Clayton O. McIntyre 4505 Oakley Greene Sarasota, FL 34235	40
AS	P. Richard Clark 1801 Glengary St. Sarasota, FL 34231	50
AT	Paul R. Clark, Jr. <i>1801 Glengary St</i> <i>Sarasota FL 34231</i>	55

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