

FILE NOW: FILING FEE IS \$61.25

FILED
May 21 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 # N16767 (8)

1. Corporation Name
SOUTHOK COMMUNITY ASSOCIATION, INC.



Principal Place of Business 901 FLATWOOD CT. BRANDON FL 33511 US	Mailing Address 901 FLATWOOD CT. BRANDON FL 33511 US
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3. Date Incorporated or Qualified 09/12/1986
4. FEI Number 59-2828474
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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WAHLER, JANIS
901 FLATWOOD CT.
BRANDON FL 33511**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
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 checked="" type="checkbox"/> DELETE
NAME	WHITSON, JAY	
STREET ADDRESS	809 CENTERBROOK DR.	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WAHLER, JANIS	
STREET ADDRESS	901 FLATWOOD CT.	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	STOLLEY, PAULA	
STREET ADDRESS	804 CENTERBROOK DR.	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	GRIZZARD, JAMES	
STREET ADDRESS	801 COTTAGE HILL WAY	
CITY-ST-ZIP	BRANDON FL 33511	
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	Pres. John Berninger	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	903 Centerbrook Dr	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	Brandon, FL 33511	
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	SD Barbara Cavaliere	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	909 Centerbrook Dr	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	Brandon, FL 33511	
4.1 TITLE	VPD Linda Riegler	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	914 Centerbrook Dr.	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	Brandon, FL 33511	
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: *Janis Wahler* 5/21/98 (813)653-0313

CR2E037 (10/97)