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Apr 29 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 # **N20498** (4)

1. Corporation Name

THE OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 353062
PALM COAST FL 32135

P.O. BOX 353062
PALM COAST FL 32135

3. Date Incorporated or Qualified

05/04/1987

4. FEI Number

59-2864671

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**WHITE, WILLIAM A.
PALM COAST PROPERTY MGT
296 PALM COAST PKWY, NE
PALM COAST FL 32137**

10. Name and Address of New Registered Agent

81 Name **Flagler Palm Coast**
Marc Bellapianta, Property Management, Inc.
82 Street Address (P.O. Box Number is Not Acceptable)
1 Florida Park Drive South
83 Suite 328
84 City **Palm Coast, FL** 85 Zip Code **32137**

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NOVAK, JOHN	
STREET ADDRESS	7 LAUREL OAK PLACE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	VAN HORN, JOHN	
STREET ADDRESS	15 LIVE OAK LANE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BRECKWOLDT, PETER	
STREET ADDRESS	7 LIVE OAK LANE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MOFFITT, PENNY	
STREET ADDRESS	6 LAUREL OAK PLACE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CORUM, TOM	
STREET ADDRESS	9 LIVE OAK LANE	
CITY-ST-ZIP	PALM COAST FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BRECKWOLDT, PETER	
1.3 STREET ADDRESS	7 LIVE OAK LANE	
1.4 CITY-ST-ZIP	PALM COAST FL 32137	
2.1 TITLE	V/D, T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CORUM, TOM	
2.3 STREET ADDRESS	9 LIVE OAK LANE	
2.4 CITY-ST-ZIP	PALM COAST FL 32137	
3.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SHERIDAN, R. CAROL	
3.3 STREET ADDRESS	5 LAUREL OAK PLACE	
3.4 CITY-ST-ZIP	PALM COAST FL 32137	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	NOVAK, JOHN	
4.3 STREET ADDRESS	7 LAUREL OAK PLACE	
4.4 CITY-ST-ZIP	PALM COAST FL 32137	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VAN HORN, JOHN	
5.3 STREET ADDRESS	15 LIVE OAK LANE	
5.4 CITY-ST-ZIP	PALM COAST FL 32137	
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: *Peter F. Breckwoldt* 3/27/98 **PETER F. BRECKWOLDT**

CR2E037 (10/97)