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03-09-1999 90109 006 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20498

1. Corporation Name

THE OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 353062
PALM COAST FL 32135

Mailing Address

P.O. BOX 353062
PALM COAST FL 32135



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/04/1987

4. FEI Number

59-2864671

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BELLAPIANTA, MARC F
1 FLORIDA PARK DRIVE SOUTH, STE 328
296 PALM COAST PKWY, NE
PALM COAST FL 32137

10. Name and Address of New Registered Agent

81 Name **BELLAPIANTA, MARC**
82 Street Address (P.O. Box Number is Not Acceptable)
21 Old Kings Road N, Suite B-209
83
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 *Marc Bellapianta* **MARC BELLAPIANTA** **1-26-99**
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	BRECKWOLDT, PETER	
STREET ADDRESS	7 LIVE OAK LANE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	VDTD	<input type="checkbox"/> DELETE
NAME	CORUM, TOM	
STREET ADDRESS	9 LIVE OAK LANE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SHERIDAN, R CAROL	
STREET ADDRESS	5 LAUREL OAK PLACE	
CITY-ST-ZIP	PALM COAST FL 32137	
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 checked="" type="checkbox"/> DELETE
NAME	VAN HORN, JOHN	
STREET ADDRESS	15 LIVE OAK LANE	
CITY-ST-ZIP	PALM COAST FL 32137	
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	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PRINCE, AUGUSTUS
4.3 STREET ADDRESS	5 Water Oak Place
4.4 CITY-ST-ZIP	Palm Coast, FL 32137
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BIANCO, ROBERT
5.3 STREET ADDRESS	3 Laurel Oak Place
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 with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/99 **(904) 485-9282**
Date Daytime Phone #

CR2E037 (1/98)