

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23535

(0)

1. Corporation Name

THE OAKS OF WEKIWA OWNERS ASSOCIATION, INC.

Principal Place of Business

PO BOX 3026
APOPKA FL 32703
US

Mailing Address

PO BOX 3026
APOPKA FL 32703
US



3. Date Incorporated or Qualified

11/18/1987

3a. Date of Last Report

06/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICHARDSON, JOSEPH
993 PIEDMONT OAKS DR
APOPKA FL 32703

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

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 NAME STREET ADDRESS CITY-ST-ZIP

PD RICHARDSON, JOSEPH
993 PIEDMONT OAKS DR
APOPKA FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VP RYDER, DAVID
2140 WEKIWA OAKS DR
APOPKA FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SD CASANOVA, CHRISTINA
798 PIEDMONT OAKS DRIVE
APOPKA FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T AVERY, BRIAN
995 PIEDMONT OAKS DR
APOPKA FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

AVP DONAHUE, SHAWN
1011 PIEDMONT OAKS DRIVE
APOPKA FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP

PD. MARK LAYNE
2112 WEKIWA OAKS DR.
APOPKA, FL. 32703

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP

VP-D. HELEN CALIO
1081 PIEDMONT OAKS DR.
APOPKA, FL. 32703.

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP

VP-D. STEVEN ZELLERS
987 PIEDMONT OAKS DR.
APOPKA, FL. 32703

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP

SECRETARY SD RUTH NAGARYA
985 PIEDMONT OAKS DR.
APOPKA, FL 32703

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP

TREASURER T.D. SHAWN DONAHUE
1011 PIEDMONT OAKS DR.
APOPKA, FL. 32703.

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

\$1000 by Bank 6/25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SEE ATTACHED SIGNATURE SHEET

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

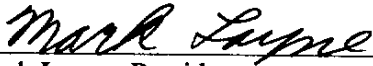
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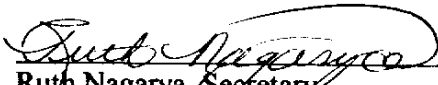
2-2

SIGNATURE ATTACHMENT:


Mark Layne, President


Helen Calio, Vice President


Steven Zellers, Vice President


Ruth Nagarya, Secretary


Shawn Donahue, Treasurer

All signatures Date: 2/12/96