FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # N25332 (0)

1. Corporation Name
GARDEN OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
%CHARLES H. HATHAWAY
4500 PGA BOULEVARD
PALM BEACH GARDENS FL 33410

Mailing Address
P O BOX 4594
4500 PGA BOULEVARD
TEQUESTA FL 33469
US

3. Date Incorporated or Qualified: 03/10/1988
3a. Date of Last Report: 02/07/1995

2. Principal Place of Business
21 4100 Lazy Hammocks Rd
22 Suite, Apt. #, etc.
23 City & State: Palm Beach Gardens, FL
24 Zip: 33410
25 Country: US

2a. Mailing Address
26 P.O. Box 4594
27 Suite, Apt. #, etc.
28 City & State: Tequesta, FL 33469
29 Zip
30 Country: US

4. FEI Number: 65-0034881 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CAMPBELL, THERESA
900 EAST INDIANTOWN RD
STE 210
JUPITER FL 33477

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BURK, DONALD 8528 DOVERBROOK DR PALM BEACH GARDEN FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	TD Robert Radli 8587 Wakefield Dr. Palm Beach Gardens, FL 33410	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MACCURDY, J R 8483 BEACONHILL RD PALM BEACH GARDENS FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HAYMOND, J GREGORY 8536 DOVERBROOK DR PALM BEACH GARDENS FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TONDREAU, NORMAN G 3339 OLD FORREST RD PALM BEACH GARDENS FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BLYSMA, JOHN 4240 ROYAL OAK DR PALM BEACH GARDENS FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	PD Blysma, John 4240 Royal Oak Dr. Palm Beach Gardens, FL 33410	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	2ND VD LINDA GRIES 8593 DOVERBROOK ROAD PALM BEACH GARDENS, FL 33410	☐ Change ☒ Addition

CR2E037 (12/95)

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: Lester Taylor (LESTER TAYLOR) FEB. 27, 1996 407-622-9926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #