

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$153 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 14 AM 9:29

DOCUMENT # N26745 (2)
1. Corporation Name
OAK SPRINGS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
12 HIGHLAND SORRENTO FL 32776 12 HIGHLAND SORRENTO FL 32776

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/02/1988	3a. Date of Last Report 02/22/1994
4. FEI Number 59-2904109	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	25 Country
28 Zip	30 Country

9. Name and Address of Current Registered Agent
**CRAWFORD, CAROL A. ATTY AT LAW
6320 MATCHETT ROAD
ORLANDO FL 32809**

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABELL, KAREN	12 NAME	
STREET ADDRESS	12 HILLSBOROUGH DR.	13 STREET ADDRESS	
CITY - ST - ZIP	SORRENTO FL	14 CITY - ST - ZIP	
TITLE	VPD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWELL, DON	22 NAME	
STREET ADDRESS	23 FRANKLIN CIRCLE	23 STREET ADDRESS	
CITY - ST - ZIP	SORRENTO FL	24 CITY - ST - ZIP	
TITLE	SD	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERS, LES	32 NAME	
STREET ADDRESS	117 HILLSBOROUGH DR	33 STREET ADDRESS	
CITY - ST - ZIP	SORRENTO FL	34 CITY - ST - ZIP	
TITLE	T	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMYTH, CHARLES	42 NAME	
STREET ADDRESS	23 SEMINOLE STREET	43 STREET ADDRESS	
CITY - ST - ZIP	SORRENTO FL 32776	44 CITY - ST - ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABELL, BILL	52 NAME	
STREET ADDRESS	1 FLAGLER STREET	53 STREET ADDRESS	
CITY - ST - ZIP	SORRENTO FL	54 CITY - ST - ZIP	
TITLE	D	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITMIRE, BOB	62 NAME	
STREET ADDRESS	18 MADISON DRIVE	63 STREET ADDRESS	
CITY - ST - ZIP	SORRENTO FL	64 CITY - ST - ZIP	
TITLE	D	71 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Butler, James	72 NAME	
STREET ADDRESS	47 Hillsborough Dr.	73 STREET ADDRESS	
CITY - ST - ZIP	Sorrenato, FL 32776	74 CITY - ST - ZIP	

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 110.07(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 the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: Charles Smyth Charles Smyth 6/9/95 904-383-0957
DATE DAY/1995 DAY/1995

CR2E037 (3/95)