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Mar 09 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 # N26745 (2)
 1. Corporation Name
OAK SPRINGS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 12 HIGHLAND SORRENTO FL 32776	Mailing Address 12 HIGHLAND SORRENTO FL 32776
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3. Date Incorporated or Qualified 06/02/1988	4. FEI Number 59-2904109	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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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. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CRAWFORD, CAROL A. ATTY AT LAW
8320 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABELL, BILL	1.2 NAME	
STREET ADDRESS	1 FLAGLER ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	SORRENTO FL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STULL, DORIS	2.2 NAME	
STREET ADDRESS	172 HILLSBOROUGH DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SORRENTO FL	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMYTH, VANOLA	3.2 NAME	
STREET ADDRESS	23 SEMINOLE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	SORRENTO FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMYTH, CHARLES	4.2 NAME	
STREET ADDRESS	23 SEMINOLE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	SORRENTO FL 32776	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONCELMO, DON	5.2 NAME	
STREET ADDRESS	14 HIGHLAND AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SORRENTO FL	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEIFER, VIRGIL	6.2 NAME	
STREET ADDRESS	165 HILLSBOROUGH DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	SORRENTO FL	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: *William B. Abell* 2/12/98

CR2E037 (10/97)