

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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DOCUMENT # N26862 (5)

1. Corporation Name
THE OAKS OF CLEARWATER, INC.

Principal Place of Business 420 BAY AVENUE CLEARWATER FL 34616	Mailing Address 420 BAY AVENUE CLEARWATER FL 34616
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/08/1988	3a. Date of Last Report 01/26/1994
4. FEI Number 59-2904284	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$0.75 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 checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**RAYMOND, J. PAUL
400 CLEVELAND STREET
SUITE 800
CLEARWATER FL 34615**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	NAME DU TERROIL, JERRY G	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1100 NE LOOP 410, #801	CITY-ST-ZIP SAN ANTONIO TX	1.2 NAME HEBERLING, LARYN D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	NAME HEBERLING, LARYN D	1.3 STREET ADDRESS 420 BAY AVENUE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 420 BAY AVE	CITY-ST-ZIP CLEARWATER FL	1.4 CITY-ST-ZIP CLEARWATER, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	NAME VERTUCCI, AUDREY	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1100 NE LOOP 410 #801	CITY-ST-ZIP SAN ANTONIO TX	2.2 NAME DU TERROIL, JERRY G.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME HOMES, JANE	2.3 STREET ADDRESS 1100 NE LOOP 410, #801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1400 GULF BLVD. #209	CITY-ST-ZIP CLEARWATER FL	2.4 CITY-ST-ZIP SAN ANTONIO, TEXAS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	NAME VERTUCCI, AUDREY	3.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1100 NE LOOP 410 #801	CITY-ST-ZIP SAN ANTONIO TX	3.2 NAME DUNN, CONNIE A.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME HOMES, JANE	3.3 STREET ADDRESS 420 BAY AVENUE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1400 GULF BLVD. #209	CITY-ST-ZIP CLEARWATER FL	3.4 CITY-ST-ZIP CLEARWATER, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME HOMES, JANE	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1400 GULF BLVD. #209	CITY-ST-ZIP CLEARWATER FL	4.2 NAME PHILLIPS HOMES, JANE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	NAME VERTUCCI, AUDREY	4.3 STREET ADDRESS 1400 GULF BLVD. #209	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1100 NE LOOP 410 #801	CITY-ST-ZIP SAN ANTONIO TX	4.4 CITY-ST-ZIP CLEARWATER, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	NAME VERTUCCI, AUDREY	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(4), 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: **LARYN D. HEBERLING** *Laryn D. Heberling* **1/18/95** **813-445-4700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Mailing Phone #)