

**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

**FILED**  
**Apr 10 1996 8:00 am**  
**Secretary of State**

**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**

3. Date Incorporated or Qualified: **06/08/1988**  
3a. Date of Last Report: **01/30/1995**  
4. FEI Number: **59-2904284**  
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

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

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

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

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**

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>HEBERLING, LARYN D.</b>	
STREET ADDRESS	<b>420 BAY AVENUE</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DU TERROIL, JERRY G.</b>	
STREET ADDRESS	<b>1100 NE LOOP 410, #801</b>	
CITY-ST-ZIP	<b>SAN ANTONIO TE</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>DUNN, CONNIE A.</b>	
STREET ADDRESS	<b>420 BAY AVENUE</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PHILLIPS HOMES, JANE</b>	
STREET ADDRESS	<b>1400 GULD BLVD. #209</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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:** Laryn D. Heberling *Laryn D. Heberling* **3/27/96** **813-445-4700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)