

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

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 34616-5291
--	---

3. Date Incorporated or Qualified 06/08/1988	3a. Date of Last Report 04/10/1996
4. FEI Number 59-2904284	Applied For Not Applicable
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
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	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	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

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 _____
Sign in cursive, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HEBERLING, LARYN D.	
STREET ADDRESS	420 BAY AVENUE	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DU TERROIL, JERRY G.	
STREET ADDRESS	1100 NE LOOP 410, #801	
CITY - ST - ZIP	SAN ANTONIO TE	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DUNN, CONNIE A.	
STREET ADDRESS	420 BAY AVENUE	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PHILLIPS HOMES, JANE	
STREET ADDRESS	1400 GULD BLVD. #209	
CITY - ST - ZIP	CLEARWATER FL	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CATES, RONALD K.	
1.3 STREET ADDRESS	420 BAY AVENUE	
1.4 CITY - ST - ZIP	CLEARWATER, FL 34616	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CARR, JAMES D.	
2.3 STREET ADDRESS	420 BAY AVENUE	
2.4 CITY - ST - ZIP	CLEARWATER, FL 34616	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RIVES, LORI	
3.3 STREET ADDRESS	420 BAY AVENUE	
3.4 CITY - ST - ZIP	CLEARWATER, FL 34616	
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 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: **JAMES D. CARR**  813-445-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0088815

CR2E037 (9/96)