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May 11 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 # N26862 (5)
 1. Corporation Name
THE OAKS OF CLEARWATER, INC.



Principal Place of Business 420 BAY AVENUE CLEARWATER FL 34618		Mailing Address 420 BAY AVENUE CLEARWATER FL 34618	
21	22	26	27
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
23	24	28	29
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified 06/08/1988
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
7. Is this nonprofit corporation a homeowners association? <input 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

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

10. Name and Address of New Registered Agent

B1 Name	GERARD A. MCHALE, JR.
B2 Street Address (P.O. Box Number is Not Acceptable)	1601 JACKSON STREET
B3	SUITE 200
B4 City	FORT MYERS
FL	FL
B5 Zip Code	33901

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 *Gerard A. McHale, Jr.* DATE **4/18/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CATES, RONALD K.	
STREET ADDRESS	420 BAY AVE.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VO	<input checked="" type="checkbox"/> DELETE
NAME	CARR, JAMES D.	
STREET ADDRESS	420 BAY AVE.	
CITY-ST-ZIP	SAN ANTONIO TE	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RIVES, LORI	
STREET ADDRESS	420 BAY AVE.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PRESIDENT / DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GERARD A. MCHALE JR	
1.3 STREET ADDRESS	1601 JACKSON STREET #200	
1.4 CITY-ST-ZIP	FT. MYERS, FL. 33901	
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	DIRECTOR / SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JAMES GIBSON	
3.3 STREET ADDRESS	1150 EIGHTH AVE. SOUTH WEST	
3.4 CITY-ST-ZIP	LARGO, FL. 33770	
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	DIRECTOR / TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CHARLES SPARKS	
5.3 STREET ADDRESS	11381 PROSPERITY FARMS ROAD	
5.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL. 33410	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Gerard A. McHale, Jr.* DATE: **4/18/98**

CFR2037 (10/97)