

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 28 PM 7:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N26940** (9)

1. Corporation Name

**GRAND OAKS ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/14/1988</b>	3a. Date of Last Report <b>03/29/1994</b>
4. FEI Number <b>23-2466230</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business		Mailing Address	
<b>3780 TAMPA RD SUITE 111 OLDSMAR FL 34677 US</b>		<b>501 NORTH A1A, SUITE 204 JUPITER FL 33477 US</b>	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	29
		25	30

9. Name and Address of Current Registered Agent

**DAVIS, PAUL C.  
ONE HARBOUR PLACE  
SUITE 500  
TAMPA FL 33602**

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OSBURN, STEPHEN H</b>	1.2 NAME	
STREET ADDRESS	<b>501 N A1A, SUITE 204</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JUPITER FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEAN, WILLIAM M</b>	2.2 NAME	
STREET ADDRESS	<b>501 N A1A, SUITE 204</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JUPITER FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LYONS, JOHN H</b>	3.2 NAME	
STREET ADDRESS	<b>3780 TAMPA RD, SUITE 111</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>OLDSMAR FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DACOSTA, ARTHUR</b>	4.2 NAME	
STREET ADDRESS	<b>16440 OFFENHAUER RD</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ODESSA FL</b>	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(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: William M. Dean  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**William M. Dean**

3/10/95 Date  
(107)746-0127 Daytona Beach