

**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

DOCUMENT # **N26940 (9)**  
1. Corporation Name  
**GRAND OAKS ASSOCIATION, INC.**



Principal Place of Business: **3780 TAMPA RD SUITE 111 OLDSMAR FL 34677 US**  
Mailing Address: **501 NORTH A1A SUITE 204 JUPITER FL 33477 US**

3. Date Incorporated or Qualified: **06/14/1988**  
3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business: **21**  
2a. Mailing Address: **26 585 N.E. OCEAN BLVD.**  
Suite, Apt. #, etc.: **27**  
City & State: **28 STUART, FL**  
Zip: **29 34996** Country: **30 USA**

4. FEI Number: **23-2466230** 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

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 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>D</b> <input type="checkbox"/> DELETE
NAME	<b>OSBURN, STEPHEN H</b>
STREET ADDRESS	<b>501 N A1A, SUITE 204</b>
CITY-ST-ZIP	<b>JUPITER FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DEAN, WILLIAM M</b>
STREET ADDRESS	<b>501 N A1A, SUITE 204</b>
CITY-ST-ZIP	<b>JUPITER FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>LYONS, JOHN H</b>
STREET ADDRESS	<b>3780 TAMPA RD, SUITE 111</b>
CITY-ST-ZIP	<b>OLDSMAR FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DACOSTA, ARTHUR</b>
STREET ADDRESS	<b>16440 OFFENHAUER RD</b>
CITY-ST-ZIP	<b>OOESSA 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	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>DYKINGA, JOHN</b>
1.3 STREET ADDRESS	<b>585 N.E OCEAN BLVD.</b>
1.4 CITY-ST-ZIP	<b>STUART, FL 34996</b>
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: William M. Dean REGIONAL FINANCIAL MANAGER 4/26/96 (407) 334-5778  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E087 (12/95)