


FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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 585 NE OCEAN BLVD SUITE 204 STUART FL 34996-1620 US |
|---|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 06/14/1988 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 23-2466230 | Applied For <input type="checkbox"/> 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 type="checkbox"/> No | |

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

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 |
| 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|--|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | OSBURN, STEPHEN H | |
| STREET ADDRESS | 501 N A1A, SUITE 204 | |
| CITY-ST-ZIP | JUPITER FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | DEAN, WILLIAM M | |
| STREET ADDRESS | 501 N A1A, SUITE 204 | |
| CITY-ST-ZIP | JUPITER FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | DYKINGA, JOHN | |
| STREET ADDRESS | 585 NE OCEAN BLVD | |
| CITY-ST-ZIP | STUART FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | DACOSTA, ARTHUR | |
| STREET ADDRESS | 16440 OFFENHAUER RD | |
| CITY-ST-ZIP | ODESSA 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 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 585 N. E. Ocean Boulevard |
| 1.4 CITY-ST-ZIP | Stuart, FL 34996 |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 585 N. E. Ocean Boulevard |
| 2.4 CITY-ST-ZIP | Stuart, FL 34996 |
| 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 does not qualify for the exemption stated in Section 119.07(3)(l), 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: *W. Osburn* **W. Osburn, Director 4/30/97 561/334-5778**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0072108

CR2E037 (9/96)