


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 16 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 # **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 US
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3. Date Incorporated or Qualified
06/14/1988

4. FEI Number 23-2466230	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Vanguard Management Group Suite, Apt. #, etc. 22 8737 Temple Terrace Hwy City & State 23 Temple Terrace, FL Zip 24 33637	2a. Mailing Address 26 8737 Temple Terrace Hwy Suite, Apt. #, etc. 27 Temple Terrace, FL City & State 28 33637 Zip 29 US
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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 Bob Moyer
82 Street Address (P.O. Box Number is Not Acceptable) 8737 TEMPLE TERRACE HWY
83 Temple Terrace
84 City FL
85 Zip Code 33637

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 *Bob Moyer* **2-5-98** DATE
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D OSBURN STEPHEN H	<input checked="" type="checkbox"/>
NAME	585 NE OCEAN BLVD	
STREET ADDRESS	STUART FL	
CITY-ST-ZIP		
TITLE	D DEAN, WILLIAM M	<input type="checkbox"/>
NAME	585 NE OCEAN BLVD	
STREET ADDRESS	STUART FL	
CITY-ST-ZIP		
TITLE	VD DYKINGA, JOHN	<input type="checkbox"/>
NAME	585 NE OCEAN BLVD	
STREET ADDRESS	STUART FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	D JAMES MCKENZIE	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	4745 MAHOGANY COURT		
1.3 STREET ADDRESS	Land O'Lakes, FL 34639		
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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)(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: *Bob Moyer* **2-5-98**

CP2E037 (10/97)