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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26940

1. Corporation Name
GRAND OAKS ASSOCIATION, INC.

Principal Place of Business
C/O VANGUARD MANAGEMENT
8737 T.A.C.E. TERRACE GRPleJWU
TA c: 33637
US

Mailing Address
8737 TEMPLE TERRACE HWY
SUITE 204
TEMPEL TERRACE FL 33637
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 8755 Temple Terrace Hwy	26 8755 TEMPLE TERRACE HWY	06/14/1988
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27 C/O VANGUARD MGMT.	23-2466230
City & State	City & State	Applied For
23	28 TEMPLE TERRACE, FL	Not Applicable
Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/>
24	29 33637	<input type="checkbox"/> \$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing <input type="checkbox"/>
25	30 US	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MOYER, BOB 8737 TEMPLE TERRACE HWY SUITE 500 TEMPEL TERRACE FL 33637	81 Name MOYER, BOB 82 Street Address (P.O. Box Number is Not Acceptable) 8755 TEMPLE TERRACE HWY. 83 84 City TEMPLE TERRACE 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: <i>Bob Moyer</i> DATE: 1-14-99	
12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D <input checked="" type="checkbox"/> DELETE	1.1 TITLE: PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: MCKENZIE, JAMES	1.2 NAME: EVANS, GARY
STREET ADDRESS: 4745 MAHOGANY COURT	1.3 STREET ADDRESS: 4839 WILLOW DR
CITY-ST-ZIP: LAND O LAKES FL 34639	1.4 CITY-ST-ZIP: LAND O LAKES, FL 34639
TITLE: D <input checked="" type="checkbox"/> DELETE	2.1 TITLE: VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: DEAN, WILLIAM M	2.2 NAME: MACALUSO, RICHARD
STREET ADDRESS: 585 NE OCEAN BLVD	2.3 STREET ADDRESS: 4847 BASSWOOD STREET
CITY-ST-ZIP: STUART FL	2.4 CITY-ST-ZIP: LAND O LAKES, FL 34639
TITLE: VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE: SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: DYKINGA, JOHN	3.2 NAME: STARR, SHARON
STREET ADDRESS: 585 NE OCEAN BLVD	3.3 STREET ADDRESS: 26116 CORKWOOD CT
CITY-ST-ZIP: STUART FL	3.4 CITY-ST-ZIP: LAND O LAKES, FL 34639
TITLE: <input type="checkbox"/> DELETE	4.1 TITLE: TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:	4.2 NAME: ROSENBERG, NANCY
STREET ADDRESS:	4.3 STREET ADDRESS: 4819 BALSAM DRIVE
CITY-ST-ZIP:	4.4 CITY-ST-ZIP: LAND O LAKES, FL 34639
TITLE: <input type="checkbox"/> DELETE	5.1 TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:	5.2 NAME: CAGLE, FRANK
STREET ADDRESS:	5.3 STREET ADDRESS: 4844 BALSAM DRIVE
CITY-ST-ZIP:	5.4 CITY-ST-ZIP: LAND O LAKES, FL 34639
TITLE: <input type="checkbox"/> DELETE	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 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, with all other like empowered.

SIGNATURE: *Bob Moyer* SIGNATURE: *Bob Moyer* DATE: 1-14-99 DATE: 8-3-98-1152

CR2E037 (11/98)