# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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**SECRETARY OF STATE**
**DIVISION OF CORPORATIONS**
**95 APR 10 PM 1:57**

DOCUMENT # N28977 (9)

1. Corporation Name

THE OAKS OF HARDEE COUNTY PROPERTY OWNERS' ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| THE OAKS ASSOCIATION<br>P O BOX 658<br>ZOLFO SPGS FL 33890<br>US | P.O. BOX 658<br>ZOLFO SPRINGS FL 33890 |

3. Date Incorporated or Qualified: 10/24/1988
3a. Date of Last Report: 04/07/1994
4. FEI Number: NOT APPLICABLE ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 ZOLFO SPRINGS | 26 P.O. BOX 528 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State | 28 ZOLFO SPRINGS, FL. |
| 24 Zip / 25 Country | 29 33890 / 30 US |

**9. Name and Address of Current Registered Agent**

MCCALL, JETHROW
R.R. #1 BOX 81-U
BOWLING GREEN FL 33834

**10. Name and Address of New Registered Agent**

81 Name: JOAN BATTAGLIO
82 Street Address (P.O. Box Number is Not Acceptable): 27 DEER RUN DRIVE
83: P.O. BOX 1501
84 City: ZOLFO SPRINGS FL 85 Zip Code: 33890

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: Joan Battaglio (President) DATE: 4/3/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 1.1 TITLE | PD | ☒ Change ☐ Addition |
| NAME | MCCALL, JETHROW | 1.2 NAME | BATTAGLIO, JOAN | |
| STREET ADDRESS | RR 1 BOX 81-U | 1.3 STREET ADDRESS | 27 DEER RUN DRIVE | |
| CITY-ST-ZIP | BOWLING GREEN FL | 1.4 CITY-ST-ZIP | ZOLFO SPRINGS, FL. 33890 | |
| TITLE | TD | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | WILLIS, BOBBY G. | 2.2 NAME | | |
| STREET ADDRESS | 83 DEER RUN DRIVE | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ZOLFO SPRINGS FL | 2.4 CITY-ST-ZIP | | |
| TITLE | SD | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | OLESEN, FRANCES | 3.2 NAME | | |
| STREET ADDRESS | 28 DEER RUN DRIVE | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ZOLFO SPRINGS FL | 3.4 CITY-ST-ZIP | | |
| TITLE | | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | |
| TITLE | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ 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 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:** Joan Battaglio JOAN BATTAGLIO 3/16/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Title — Date