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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

TITLE

STREET ADDRESS

CITY-ST-ZIP

N28977

·(9)

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

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Principal Place of Business Malling Address			r i sacrifet ene i inezi teritê tarir i sedu enda eterit erekt erekt erekt erekt erekt erekt erekt erekt erekt	
THE OAKS ASSOCIATION P. O. BOX 658				3. Date Incorporated or Qualified
P O BOX 656 ZOLPHO SPRINGS FL 33890 US			13890	10/24/1988
US	FC 33080	US		4, FEI Number Applied For
L				NOT APPLICABLE Not Applicable
2. Principal F	flace of Business	2a. Mailing Address		5. Certificate of Status Desired S8.75 Additional
21		26		Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
City & Stat		City & State		Trust Fund Contribution Added to Fees
City & Stat	e	 		7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year intangible
24	25	29	30	Personal Property Tax due June 30. Pres No
	9. Name and Address of Current		150	10. Name and Address of New Registered Agent
81 Name				
BATTAG	ILIO, JOAN	Address (P.O. Box Number is Not Acceptable)		
				TALL CAKS TRAIL
P. O. BOX 1501				
ZOLPHO SPRING FL 33890				
			ZOL	FO Spe. FL 38890
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.				
agent. I a	im familiar with, and accept the obliga	tions of, Section 617.0503,	Florida Statutes.	orations a pozero di directora. Triareby accept the appointment as registered
SIGNATURE	Figure's Ballus		RESIDENT IOTE: Registered Agent signature re	4-20-98
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	BATTAGLIO, JOAN	DELETE		FRANCIS BAKER JR
STREET ADDRESS				I'VI TALL OAKS TRAIL
CITY-ST-ZIP			1.3 STREET ADDRESS	ZoLFO Springs FL. #3890
TITLE	1D	DELETE	2.1 TITLE	Change Addition
NAME	OLESEN, FRANCES M		2.2 NAME	FRANCES M. OLESEN
STREET ADDRESS	28 DEER RUN DR - P.O. BOX	528		5164 DEER RUN DR P.O. Box 528
CITY-ST-ZIP	ZOLFO SPRINGS FL 33890	- VEV	2.4 CITY-ST-ZIP	ZOLFO SAL FL 38890
TITLE	SD SD	DELETE	3.1 TITLE	Change Addition
NAME	SEPLH, YVONNE		3.2 NAME	VVOUNE SEAM
STREET ADDRESS	P.O. BOX 67 - 66 TALL OAKS	DR	3.3 STREET ADDRESS	168 TALL OAKS TRAIL P.O.BOX 67
CITY-ST-ZIP	ZOLFO SPRINGS FL 33890		3.4. CITY-ST-ZIP	ZOLFO POPUNES FL 33890
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-Z#P			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			- 1	
SINKE I NEAUNESS			5.9 STREET ADDRESS	

14. I hereby certify that the Information supplied with this filling 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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME

SIGNATURE: Francis Balling - PRESIDENT - 4-20-98 (941) 735-251

DELETE

:R2E037 (10/97)

Change

Addition

FILED

Apr 29 1998 8:00am

Secretary of State