1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N28977

1. Corporation Name

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

Principal Ptace of Business THE OAKS ASSOCIATION P O BOX 658 ZOLFO SPGS FL 33890 US Mailing Address

P. O. BOX 658 ZOLPHO SPRINGS FL

ZOLPHO SPRINGS FL 33890

US

FILED Mar 04, 1999 8:00 am § Secretary of State

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Suite, Apt #, etc. Suite, Apt #, etc. 27	-	ace of Business	2a. Mailing Address			3. Date Incorporated or Qualified 10/24/1988			
City & State	21 Cuito Ant	# oto	Suite Act # etc						
City & State Ci		#, etc.							
S. Certificate of Status Desired Fee Required	City & State								
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Street Address (P.O. Box Number is Not Acceptable) 13. Pursuant to the provisions of Sections 617.0502 and 617.1508. Fiorida 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 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, and a provision of Section 617.0503. 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, and the provisions of Section 617.0503. 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, or both, in the State of Florida. Such changes agent. I am graitered agent of the purpose and of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such changes agent. I am graitered agent. I am gr	23		⊢ '		E Codificate of Status Desired				
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name 10. Name and Address of New Registered Agent 11. Name 12. Street Address (P.O. Box Number is Not Acceptable) 13. Address (P.O. Box Number is Not Acceptable) 14. City 15. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am primary with, and accept the obligations of, Section 17.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am primary with and accept the obligations of, Section 17.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of office or registered agent. I am primary with and accept the obligations of, Section 17.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of office or registered agent. I am purpose of changing its registered office or registered agent. I am purpose of changing its registered office or registered agent. I am purpose of changing its registered office or registered agent. I am purpose of changing its registered agent. I am purpose a purpose and office corporation submits this statement for the purpose of changing its registered agent. I am purpose of changing its registered agent. I	Zip	Country	Zip Country						
BAKER, FRANCIS JR. 171 TALL OAKS TRAIL 20LFO SPRINGS FL 33890 4 City FL as Zip Code 17. Pursuant to the provisions of Sections B17,0502 and 617,1508, Florida Statutes, the above-registered agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, and the provisions of Sections B17,0502 and 617,1508, Florida Statutes, registered agent, and the provisions of Sections B17,0502 and 617,1508, Florida Statutes, registered agent, and the provisions of Sections B17,0502 and 617,1508, Florida Statutes, registered agent, and the provisions of Sections B17,0502 and 617,1508, Florida Statutes, registered agent, and the provisions of Sections B17,0502 and 617,1508, Florida Statutes, registered agent, and the provisions of Sections B17,0502 and 617,1508, Florida Statutes, registered agent, and the provisions of Sections B17,0502 section B17,0502, Florida Statutes, registered agent, and	24	25 29 30			Trust Fund Contribution Added to Fees				
BAKER, FRANCIS JR. 171 TALL OAKS TRAIL 20LFO SPRINGS FL 33890 82 Street Address (P.O. Box Number is Not Acceptable) 83		9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Ag	ent		
17.1 TALL OAKS TRAIL ZOLFO SPRINGS FL 33890 4 City FL 85 Zip Code 4 City FL 85 Zip Code 17. 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, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature Signature PO				81	Name				
171 TALL OAKS TRAIL ZOLFO SPRINGS FL 33890 4 City FL 85 Zip Code 4 City FL 85 Zip Code 17. 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 agent. I am accept the obligations of, Section 617.0503, Florida Statutes 3 SIGNATURE SIGNATURE SIGNATURE PO OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 I STIME 12. NAME BAKER, FRANCIS JR. 13. TITLE 13. SIRECTADRESS 22. TITLE 14. CONT. ST.2P TO DESEN, FRANCES M 22. SIRECTADRESS 22. TITLE 22. TIT	BAKER, FRANCIS JR.			82	82 Street Address (P.O. Box Number is Not Acceptable)				
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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 advantage to the provisions of 37,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of office or registered agent. I am advantage to the provision of 17,0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. TITLE 12. OFFICERS AND DIRECTORS IN 12. DELETE 13. TITLE 13. STREET ADDRESS 17. TALL OAKS TRAIL 20LFO SPRINGS FL 33890 DELETE 13. TITLE 13. STREET ADDRESS 17. TALL OAKS TRAIL 20LFO SPRINGS FL 33890 DELETE 21. TITLE DU OLESEN, FRANCES M 22. SISSEET ADDRESS 16. TO D. SIGNATURE DU OLESEN, FRANCES M 22. SISSEET ADDRESS 16. TO D. SIRECT ADDRESS 17. TALL OAKS TRAIL 13. STREET ADDRESS 17. TALL OAKS TRAIL 14. City. ST. 2P DU OLESEN, FRANCES M 22. SISSEET ADDRESS 17. TALL OAKS TRAIL 18. TITLE DU OLESEN, FRANCES M 22. SISSEET ADDRESS 18. TITLE DU OLESEN, FRANCES M 22. SISSEET ADDRESS 18. TITLE SISSEET ADDRESS 18. TITLE SISSEET ADDRESS 19. GOLDEN ORKS RD Change Addition Change Addition A				83	83				
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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:

NATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.11.99

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