

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N30171 (5)

1. Corporation Name

OAKS MEN'S GOLF ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3701 OAKS CLUBHOUSE DRIVE  
POMANO BEACH FL 33069

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POMANO BEACH FL 33069

3. Date Incorporated or Qualified

01/12/1989

3a. Date of Last Report

06/21/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSE, PETER A.  
% ROSE & ROSE, P.A.  
2101 N. ANDREWS AVE., SUITE 200  
FT. LAUDERDALE FL 33311

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MARTIN, FRED	
STREET ADDRESS	4000 CYPRESS GROVE WAY	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HERMAN, JERALD	
STREET ADDRESS	810 E. CYPRESS LANE	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	HEXTER, ROBERT	
STREET ADDRESS	3051 N. COURSE DR.	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	FROMKIN, SIDNEY	
STREET ADDRESS	526 MISTY OPAKS DR	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME	O'REILAND, CHARLES	
STREET ADDRESS	4112 W. PALM AIRE DR.	
CITY-ST-ZIP	POMPANO BEACH, FL. 33069	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96

305-979-0533

Date

Daytime Phone #

CR2E037 (12/95)