

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
Tallahassee, Florida

APPROVED
AND
FILED

20 MAY - 1 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N32702 (5)
THE OAKS SUBDIVISION HOMEOWNERS ASSOCIATION, INC

DO NOT WRITE IN THIS SPACE

1. Principal Office of Corporation C/O LEE DANDO RT 1 BOX 448-H E PALATKA FL 32131		2a. Mailing Address C/O LEE DANDO RT 1 BOX 448-H E PALATKA FL 32131		3. Date Incorporated or Organized 06/07/1989	3a. Date of Last Report 06/13/1994
2. Principal Office of Corporation 21		2a. Mailing Address 26		4. FEE Number NOT APPLICABLE	Applied For ☒ Not Applicable
22		27		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23		28		6. Has been Long-term Resident of Florida for 6 months? ☐	\$5.00 May Be Added to Fees
24		29		7. Nonprofit with 405 Not for Profit Status ☐	\$68.75 Supplemental Fee Not Required
25		30		8. This corporation has liability for intangible tax under S. 109.042, Florida Statutes. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

PICKENS, JOE H.
113 N. 4TH STREET
PALATKA FL 32077

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	
85. State	FL
86. Zip Code	

11. Pursuant to the provisions of Sections 601, 602, and 603, Florida Statutes, this above named corporation submits this statement for the purpose of changing its registered office on record and report on form of the State of Florida. Such change was authorized by the corporation's board of directors, officers, or except the appointment of a registered agent, and against the disapproval of Section 603.04(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
NAME	PD HOLLOWAY, WAYNE RT 1, BOX 449 E. PALATKA FL	NAME	☐ Change ☐ Addition
NAME	VD HUDSON, ROBERT ROUTE 1, BOX 449-A EAST PALATKA FL	NAME	☐ Change ☐ Addition
NAME	STD DANDO, LEE ROUTE 1, BOX 448-H EAST PALATKA FL	NAME	☐ Change ☐ Addition
NAME	D GAINES, DIANE RT 1 BOX 449-1 E PALATKA FL	NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied on this report is complete, true and correct, and that my report is filed for the corporation's annual report on form of the State of Florida. I further certify that the information supplied on this report is complete, true and correct, and that my report is filed for the corporation's annual report on form of the State of Florida. I further certify that the information supplied on this report is complete, true and correct, and that my report is filed for the corporation's annual report on form of the State of Florida. I further certify that the information supplied on this report is complete, true and correct, and that my report is filed for the corporation's annual report on form of the State of Florida.

SIGNATURE: *Lee Dando* LEE DANDO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-95 (104)328-7053