

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 # N32702 (5)
1. Corporation Name
THE OAKS SUBDIVISION HOMEOWNERS ASSOCIATION, INC



Principal Place of Business Mailing Address
C/O LEE DANDO
RT 1 BOX 448-H
E PALATKA FL 32131

3. Date Incorporated or Qualified **06/07/1989** 3a. Date of Last Report **05/01/1995**
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**
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 28 Zip 29 Country 30

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 **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	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLOWAY, WAYNE	12 NAME	
STREET ADDRESS	RT 1, BOX 449	13 STREET ADDRESS	
CITY-ST-ZIP	E. PALATKA FL	14 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	21 TITLE	UD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUDSON, ROBERT	22 NAME	LARRY TAYLOR
STREET ADDRESS	ROUTE 1, BOX 449-A	23 STREET ADDRESS	124 RIVERSEDGE DR.
CITY-ST-ZIP	EAST PALATKA FL	24 CITY-ST-ZIP	EAST PALATKA, FL 32131
TITLE	STD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANDO, LEE	32 NAME	
STREET ADDRESS	ROUTE 1, BOX 448-H	33 STREET ADDRESS	
CITY-ST-ZIP	EAST PALATKA FL	34 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	41 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAINES, DIANE	42 NAME	LUCH HUDSON
STREET ADDRESS	RT 1 BOX 449-1	43 STREET ADDRESS	RT. 1 BOX 449-A
CITY-ST-ZIP	E PALATKA FL	44 CITY-ST-ZIP	EAST PALATKA, FL 32131
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	H.M. CARR
STREET ADDRESS		53 STREET ADDRESS	107 WATEROAK CT.
CITY-ST-ZIP		54 CITY-ST-ZIP	EAST PALATKA, FL 32131
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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: Lee C. Dando
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-96 **(904) 328-7053**
Date Daytime Phone #

CR2E037 (12/95)