

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90129 016 ****61.25

DOCUMENT # N32702

1. Corporation Name

THE OAKS SUBDIVISION HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

C/O LEE DANDO
RT 1 BOX 448-H
E PALATKA FL 32131

Mailing Address

C/O LEE DANDO
RT 1 BOX 448-H
E PALATKA FL 32131

492203 - 90129 - 8 3 *



2. Principal Place of Business

21 101 RIVERVIEW TER.

Suite, Apt. #, etc.

22 EAST PALATKA, FL

City & State

23 32131 USA

Zip

25 Country

2a. Mailing Address

26 101 RIVERVIEW TER.

Suite, Apt. #, etc.

27 EAST PALATKA, FL

City & State

28 32131 USA

Zip

29 Country

3. Date Incorporated or Qualified

06/07/1989

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

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

TITLE PD
NAME HOLLOWAY, WAYNE
STREET ADDRESS RT 1, BOX 449
CITY-ST-ZIP E. PALATKA FL

☒ DELETE

TITLE VD
NAME TAYLOR, LARRY
STREET ADDRESS 124 RIVERSEdge DR
CITY-ST-ZIP EAST PALATKA FL

☐ DELETE

TITLE STD
NAME DANDO, LEE
STREET ADDRESS ROUTE 1, BOX 448-H
CITY-ST-ZIP EAST PALATKA FL

☐ DELETE

TITLE D
NAME HUDSON, LUCY
STREET ADDRESS RT 1 BOX 449-A
CITY-ST-ZIP EAST PALATKA FL

☐ DELETE

TITLE D
NAME CARR, H.M.
STREET ADDRESS 107 WATEROak CT
CITY-ST-ZIP EAST PLATKA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

PRESIDENT

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LEE C. DANDO 4-30-99 904-328-7053

CR2E037 (1/98)