

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

FILED  
Mar 14 1996 8:00 am  
Secretary of State

DOCUMENT # **N36955** (5)  
1. Corporation Name  
**OAK TRACE VILLAS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**10400 S.W. 84TH COURT** **10400 S.W. 84TH COURT**  
**OCALA FL 32676** **OCALA FL 32676**

3. Date Incorporated or Qualified **03/07/1990** 3a. Date of Last Report **10/03/1995**

|                                |  |                        |  |  |  |                                       |  |
|--------------------------------|--|------------------------|--|--|--|---------------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 4. FEI Number<br><b>59-3023806</b>   |  | Applied For<br>Not Applicable         |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$8.75 Additional Fee Required</b> |  |
| 22 City & State                |  | 27 City & State        |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   |  | <b>\$5.00 May Be Added to Fees</b>    |  |
| 23 Zip                         |  | 28 Zip                 |  | 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                       |  |
| 24 Country                     |  | 29 Country             |  |  |  |                                       |  |
| 25                             |  | 30                     |  |  |  |                                       |  |

9. Name and Address of Current Registered Agent

**CALLAHAN, FRANCIS E.**  
**14277 WALSINGHAM RD**  
**LARGO FL 34644**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | <b>FL</b>   |

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                      | <b>D</b> <input type="checkbox"/> DELETE | 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>OHLINGER, FRED A.</b>                 | 12 NAME   |   |
| STREET ADDRESS             | <b>3999 N. LECAN TO HWY</b>              | 13 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            | <b>BEVERLY HILLS FL</b>                  | 14 CITY - ST - ZIP                                    |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>WILLIS, JAMES R.</b>                  | 22 NAME   |   |
| STREET ADDRESS             | <b>14277 WALSINGHAM RD</b>               | 23 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            | <b>LARGO FL</b>                          | 24 CITY - ST - ZIP                                    |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CALLAHAN, FRANCIS E.</b>              | 32 NAME   |   |
| STREET ADDRESS             | <b>14277 WALSINGHAM RD</b>               | 33 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            | <b>LARGO FL</b>                          | 34 CITY - ST - ZIP                                    |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 42 NAME   |   |
| STREET ADDRESS             |  | 43 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            |  | 44 CITY - ST - ZIP                                    |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 52 NAME   |   |
| STREET ADDRESS             |  | 53 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            |  | 54 CITY - ST - ZIP                                    |   |
| 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: **Francis E. Callahan** **FRANCIS E. CALLAHAN**  
**3-10-96 203-300-2860**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)