


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N38184** (0)
1. Corporation Name
OAKS EAST HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 900 EAST INDIANTOWN RD SUITE 210 JUPITER FL 33477 US	Mailing Address 900 EAST INDIANTOWN RD SUITE 210 JUPITER FL 33477-5153 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/17/1990	3a. Date of Last Report 03/14/1996
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4. FEI Number 65-0194768	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent CAMPBELL, THERESA 900 EAST INDIANTOWN RD STE 210 JUPITER FL 33477

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
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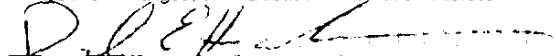
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	STEPHENSON, WILLIAM
STREET ADDRESS	146 EAST TALL OAKS CIRCLE
CITY-ST-ZIP	PALM BEACH GRDNS FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	HARALSON, DAVID
STREET ADDRESS	299 KELSEY PARK DRIVE
CITY-ST-ZIP	PBG FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	WILSON, JACK
STREET ADDRESS	404 KELSEY PARK DR
CITY-ST-ZIP	PBG FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	DICICCO, HENRY
STREET ADDRESS	286 KELSEY PARK CIRCLE
CITY-ST-ZIP	PBG FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	PLOTSKY, NORMAN
STREET ADDRESS	380 KELSEY PARK DR
CITY-ST-ZIP	PBG FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HARVEY STERN
1.3 STREET ADDRESS	162 EAST TALL OAKS CIRCLE
1.4 CITY-ST-ZIP	PBG, FL. 33410
2.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOACHIM E. WOLF
2.3 STREET ADDRESS	611 ROSA COURT
2.4 CITY-ST-ZIP	PBG, FL. 33410
3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WILSON, JACK
3.3 STREET ADDRESS	404 KELSEY PARK DR
3.4 CITY-ST-ZIP	PBG FL. 33410
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: 

CR2E037 (9/96)