

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:09

DOCUMENT # **N93000005326 (4)**

1. Corporation Name

THE OAKS PROPERTY OWNERS ASSOCIATION OF SPRING HILL, INC.

Principal Place of Business

Mailing Address

13277 CECIL COURT
SPRING HILL FL 34609

13277 CECIL COURT
SPRING HILL FL 34609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/18/1993** 3a. Date of Last Report **08/17/1994**

4. FEI Number **59-3210296** Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

FLORIDA

29

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FLORIDA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GAST, CLARENCE R
13277 CECIL COURT
SPRING HILL FL 34609**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when changing agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
NAME **CUCE, ANGELO**
STREET ADDRESS **6252 SEBASTIAN DR.**
CITY- ST- ZIP **SPRING HILL FL**

1.1 TITLE **DP** Change Addition
1.2 NAME **ANGELO CUCE**
1.3 STREET ADDRESS **6252 SEBASTIAN DR**
1.4 CITY- ST- ZIP **SPRING HILL FL 34609**

TITLE **DVP**
NAME **RICHER, CLAUDE**
STREET ADDRESS **6196 KRISTA DR.**
CITY- ST- ZIP **SPRING HILL FL**

2.1 TITLE **D VP** Change Addition
2.2 NAME **CLAUDE RICHER**
2.3 STREET ADDRESS **6196 KRISTA DR**
2.4 CITY- ST- ZIP **SPRING HILL FL 34609**

TITLE **DT**
NAME **HALLORAN, DONALD**
STREET ADDRESS **6036 NOCKLIN RD.**
CITY- ST- ZIP **SPRING HILL FL**

3.1 TITLE **DT** Change Addition
3.2 NAME **DONALD HALLORAN**
3.3 STREET ADDRESS **6036 NOCKLIN RD**
3.4 CITY- ST- ZIP **SPRING HILL FL 34609**

TITLE **D**
NAME **ROSZYK, LEON**
STREET ADDRESS **6203 KRISTA DR.**
CITY- ST- ZIP **SPRING HILL FL**

4.1 TITLE **D** Change Addition
4.2 NAME **LEON ROSZYK**
4.3 STREET ADDRESS **6203 KRISTA DR**
4.4 CITY- ST- ZIP **SPRING HILL FL 34609**

TITLE **D**
NAME **GAST, CLARENCE R.**
STREET ADDRESS **13277 CECIL CT.**
CITY- ST- ZIP **SPRING HILL FL**

5.1 TITLE **D** Change Addition
5.2 NAME **CLARENCE R. GAST**
5.3 STREET ADDRESS **13277 CECIL CT**
5.4 CITY- ST- ZIP **SPRING HILL FL 34609**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE Change 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 is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(2)(b), 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 of the corporation; and that my signature shall have the same legal effect as if made under oath; appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR