

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996 81-916



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

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



3. Date Incorporated or Qualified

11/18/1993

3a. Date of Last Report

02/16/1995

4. FEI Number

59-3210296

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

9. Name and Address of Current Registered Agent

GAST, CLARENCE R  
13277 CECIL COURT  
SPRING HILL FL 34609

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

*Clarence R. Gast*

(NOTE: Registered Agent signature required when reinstating)

DATE

July 19, 1996

12. OFFICERS AND DIRECTORS

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

☐ DELETE

TITLE DVP  
NAME BOOKMILLER, ATWELL  
STREET ADDRESS 14080 LAWRENCE ST  
CITY-ST-ZIP SPRING HILL FL

☐ DELETE

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

☒ DELETE

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

☐ DELETE

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

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE DVPT ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

BOOKMILLER, ATWELL ☒ 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

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:

*Clarence R. Gast*

July 19, 1996

352-686-4890

Clarence R. Gast Reg. Agt.

Date

Daytime Phone #

CR2E037 (3/96)