SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 12 AM 8:18

000525

DOCUMENT # **N94000000689**

1. Corporation Name

WINTER PARK OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5300 SOUTH ORANGE AVE. ORLANDO FL 32808	5300 SOUTH ORANGE AVE. ORLANDO FL 32808

2. Principal Place of Business
21 C/O 139 OAK GROVE RD
22 Suite, Apt. #, etc.
23 City & State: WINTER PARK, FL
24 Zip: 32789 25 Country

2a. Mailing Address
26 C/O 139 OAK GROVE RD.
27 Suite, Apt. #, etc.
28 City & State: WINTER PARK, FL
29 Zip: 32789 30 Country

3. Date Incorporated or Qualified: 02/09/1994

4. FEI Number: 59-3231138 ☐ Applied For ☑ Not Applicable

5. Certifcate 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

HARRELL, ROBERT S
5300 SOUTH ORANGE AVENUE
SUITE 1402
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name: JEFF DAVIS, PRESIDENT
82 Street Address (P.O. Box Number is Not Acceptable): C/O 139 OAK GROVE ROAD
83
84 City: WINTER PARK FL 85 Zip Code: 32789

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: Jeffrey S. Davis JEFFREEY S. DAVIS, PRESIDENT 10/5/99
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	DT	☑ DELETE	1.1 TITLE	P	☐ Change ☑ Addition
NAME	HARRELL, ROBERT S		1.2 NAME	JEFF DAVIS	
STREET ADDRESS	5300 SOUTH ORANGE AVENUE		1.3 STREET ADDRESS	172 OAK GROVE RD.	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	DT	☑ DELETE	2.1 TITLE	V	☐ Change ☑ Addition
NAME	HARRELL, RUTH A		2.2 NAME	PEDRO MARTINEZ	
STREET ADDRESS	5300 SOUTH ORANGE AVE		2.3 STREET ADDRESS	143 OAK GROVE RD	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	DT	☑ DELETE	3.1 TITLE	S	☐ Change ☑ Addition
NAME	HARRELL, YOLANDA A		3.2 NAME	JANICE MILLER	
STREET ADDRESS	5300 SOUTH ORANGE AVE		3.3 STREET ADDRESS	139 OAK GRVE Rd.	
CITY-ST-ZIP	ORLANDO FL		3.4. CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE		☐ DELETE	4.1 TITLE	T	☐ Change ☑ Addition
NAME	900003016268:8 -10/18/99--01003--004		4.2 NAME	KAY POWELL	
STREET ADDRESS	*****61.25 *****61.25		4.3 STREET ADDRESS	160 OAK GROVE Rd	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE		☐ DELETE	5.1 TITLE	TR	☐ Change ☑ Addition
NAME			5.2 NAME	MARY LYNN MEDINA	
STREET ADDRESS			5.3 STREET ADDRESS	115 OAK GROVE Rd	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE		☐ DELETE	6.1 TITLE	TR	☐ Change ☑ Addition
NAME			6.2 NAME	ANTHONY JOHNSON	
STREET ADDRESS			6.3 STREET ADDRESS	127 OAK GROVE Rd.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	WINTER PARK, FL 32789	

10/12/99

CR2E037 (5/99)

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: Janice Miller REQUIRED Janice Miller Sec 9/8/99 407/648-6365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # x6254