

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000003465 (1)

1. Corporation Name

OAKLEIGH POINTE UNIT TWO HOMEOWNERS' ASSOCIATION
, INC.

Principal Place of Business

Mailing Address

9000 REGENCY SQUARE BLVD.
SUITE 201
JACKSONVILLE FL 32211

9000 REGENCY SQUARE BLVD.
SUITE 201
JACKSONVILLE FL 32211



2. Principal Place of Business	2a. Mailing Address
21 9440 Phillips Highway	26 9440 Phillips Highway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 #9	27 #9
City & State	City & State
23 Jacksonville, Florida	28 Jacksonville, Florida
Zip	Zip
24 32256	29 32256
Country	Country
25 Duval	30 Duval

3. Date Incorporated or Qualified 07/14/1994	3a. Date of Last Report 03/31/1995
4. FEI Number 59-3293439	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MONTGOMERY, MITCHELL R
9000 REGENCY SQUARE BLVD.
SUITE 201
JACKSONVILLE FL 32211

9440 Phillips Highway
Suite 9
32256

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

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	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, MITCHELL R	1.2 NAME	
STREET ADDRESS	9000 REGENCY SQUARE BLVD., #201	1.3 STREET ADDRESS	9440 Phillips Highway, Suite 9
CITY-ST-ZIP	JACKSONVILLE FL 32211	1.4 CITY-ST-ZIP	32256
TITLE	DV	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANN, COREY B	2.2 NAME	
STREET ADDRESS	9000 REGENCY SQUARE BLVD., #201	2.3 STREET ADDRESS	9440 Phillips Highway, Suite 9
CITY-ST-ZIP	JACKSONVILLE FL 32211	2.4 CITY-ST-ZIP	32256
TITLE	DST	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HITE, PATSY A	3.2 NAME	
STREET ADDRESS	9000 REGENCY SQUARE BLVD., #201	3.3 STREET ADDRESS	9440 Phillips Highway, Suite 9
CITY-ST-ZIP	JACKSONVILLE FL 32211	3.4 CITY-ST-ZIP	32256
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Mitchell R. Montgomery*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mitchell R. Montgomery

2/12/96

Date

904/260-9446

Daytime Phone #

CR2E037 (12/95)