

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000003465 (1)**

1. Corporation Name

**OAKLEIGH POINTE UNIT TWO HOMEOWNERS' ASSOCIATION  
, INC.**



Principal Place of Business		Mailing Address	
<b>9440 PHILLIPS HWY #9 JACKSONVILLE FL 32256 US</b>		<b>9440 PHILLIPS HWY #9 JACKSONVILLE FL 32256-1339 US</b>	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
<b>21</b>	<b>26</b>	<b>07/14/1994</b>	<b>03/13/1996</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
<b>22</b>	<b>27</b>	<b>59-3293439</b>	<b>Not Applicable</b>
City & State	City & State	5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
<b>23</b>	<b>28</b>	<input checked="" type="checkbox"/> <b>5. Certificate of Status Desired</b>	<b>\$5.00 May Be Added to Fees</b>
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>24</b>	<b>25</b>	<input type="checkbox"/> <b>6. Election Campaign Financing Trust Fund Contribution</b>	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Zip	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>
<b>24</b>	<b>25</b>	<input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>MONTGOMERY, MITCHELL R 9440 PHILLIPS HWY #9 JACKSONVILLE FL 32256</b>		<b>81 Name</b>	
		<b>82 Street Address (P.O. Box Number is Not Acceptable)</b>	
		<b>83</b>	
		<b>84 City</b>	
		<b>FL 85 Zip Code</b>	

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]*

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

(NOTE: Registered Agent signature required when reinstating)

**1-13-97**

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MONTGOMERY, MITCHELL R</b>	1.2 NAME	
STREET ADDRESS	<b>9440 PHILLIPS HWY #9</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DV</b>	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MANN, COREY B</b>	2.2 NAME	<b>LaPointe, Kenneth J</b>
STREET ADDRESS	<b>9440 PHILLIPS HWY #9</b>	2.3 STREET ADDRESS	<b>9440 Phillips Hwy #9</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY-ST-ZIP	<b>Jacksonville, FL 32256</b>
TITLE	<b>DST</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HITE, PATSY A</b>	3.2 NAME	
STREET ADDRESS	<b>9440 PHILLIPS HWY #9</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	3.4 CITY-ST-ZIP	
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 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

*[Signature]*

**DATE**

**1-13-97**

**(SAR) 310-844**

CR2E037 (9/96)