

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000000188
1. Corporation Name

Oakcrest Homeowners Association, Inc.

Principal Place of Business

Mailing Address

P.O. Box 520604
Longwood, Florida 32750

Non-Profit
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29

3. Date Incorporated or Qualified	4. FEI Number	Applied For
January 12, 1995	59-3308170	Not Applicable
5. Certificate of Status Desired	6. Election Campaign Financing	8. This corporation owes or has paid the current year Intangible
<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
Kenneth F. Oswald 600 Courtland Street Suite 110 Orlando, FL 32804

10. Name and Address of New Registered Agent
81 Name Thomas A. Simser
82 Street Address (P.O. Box Number is Not Acceptable) 390 N. Orange Ave., Suite 1490
83 P.O. Box 1391
84 City Orlando
85 Zip Code FL 32802-1391

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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Thomas A. Simser* DATE: 2/3/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	James P. Ashton
STREET ADDRESS		13 STREET ADDRESS	P.O. Box 520604
CITY-ST-ZIP		14 CITY-ST-ZIP	Longwood, FL 32750
TITLE	<input type="checkbox"/> DELETE	21 TITLE	Vice President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	R. Stephen Howard, Jr.
STREET ADDRESS		23 STREET ADDRESS	P.O. Box 520604
CITY-ST-ZIP		24 CITY-ST-ZIP	Longwood, FL 32750
TITLE	<input type="checkbox"/> DELETE	31 TITLE	Secretary/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	Susan D. Tindel
STREET ADDRESS		33 STREET ADDRESS	P.O. Box 520604
CITY-ST-ZIP		34 CITY-ST-ZIP	Longwood, FL 32750
TITLE	<input type="checkbox"/> DELETE	41 TITLE	Treasurer/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	James P. Ashton
STREET ADDRESS		43 STREET ADDRESS	P.O. Box 520604
CITY-ST-ZIP		44 CITY-ST-ZIP	Longwood, FL 32750
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	900002475379 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	-04/01/98--01022--027
STREET ADDRESS		63 STREET ADDRESS	***70.00
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this form 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 or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James P. Ashton* DATE: 2-4-98 407-767-5252

CR2E034 (10/97)