

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 # N95000001406 (6)

1. Corporation Name
OAKLEY HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business: 6421 EASY GOER CIRCLE SARASOTA FL 34240
Mailing Address: 6421 EASY GOER CIRCLE SARASOTA FL 34240

3. Date Incorporated or Qualified: 03/23/1995
3a. Date of Last Report

2. Principal Place of Business: 21 6458 GRIFFIN BLVD SW, 22 FT MYERS FL, 23 33908, 24 USA
2a. Mailing Address: 26 6458 GRIFFIN BLVD SW, 27 FT MYERS FL, 28 33908, 29 USA

4. FEI Number: 65-065-8882
5. Certificate of Status Desired: Applied For, Not Applicable
6. Election Campaign Financing Trust Fund Contribution: \$8.75 Additional Fee Required, \$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
CLAYTON, CARL
6421 EASY GOER CIRCLE
SARASOTA FL 34240

10. Name and Address of New Registered Agent
81 Name: J. DAVID CASSILLY
82 Street Address (P.O. Box Number is Not Acceptable): 6458 GRIFFIN BLVD SW
83
84 City: FT MYERS FL, 85 Zip Code: 33908

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] J. DAVID CASSILLY, Date: 2/21/96

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CLAYTON, CARL | |
| STREET ADDRESS | 6421 EASY GOER CIRCLE | |
| CITY-ST-ZIP | SARASOTA FL 34240 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CLAYTON, EVON | |
| STREET ADDRESS | 6421 EASY GOER CIRCLE | |
| CITY-ST-ZIP | SARASOTA FL 34240 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CASSILLY, J. DAVID | |
| STREET ADDRESS | 6958 GRIFFIN BLVD SW | |
| CITY-ST-ZIP | FT MYERS FL 33908 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CASSILLY, LYNN F | |
| STREET ADDRESS | 6958 GRIFFIN BLVD SW | |
| CITY-ST-ZIP | FT MYERS FL 33908 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | 6458 |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | 6458 |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: [Signature] Director, Date: 2/21/96, Daytime Phone #: 941-492-5045

CR2E037 (12/95)