


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jul 14 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 # N95000005187 (8)**

1. Corporation Name  
**ST. AUGUSTINE WOODS UNIT II HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business 1402 WHITE STAR LANE TALLAHASSEE FL 32312	Mailing Address 1402 WHITE STAR LANE TALLAHASSEE FL 32312-7521
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3. Date Incorporated or Qualified 11/02/1995	3a. Date of Last Report 04/29/1996
4. FEI Number APPLIED FOR-59-2720608	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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	

2. Principal Place of Business 21 <b>Rt 7 Box 962 E</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>P.O. Box 12036</b> Suite, Apt. #, etc.
22	27
23 City & State <b>Tallahassee, FL</b>	28 City & State <b>Tallahassee FL</b>
24 Zip <b>32308</b>	25 Country <del>45</del> <b>45</b>
29 Zip <b>32317</b>	30 Country <b>45</b>

9. Name and Address of Current Registered Agent

**CAMPBELL, ROBERT A JR.**  
 1402 WHITE STAR LANE  
 TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name  
**RANCY OVEN**

82 Street Address (P.O. Box Number is Not Acceptable)  
**Rt 7 Box 962 E**

83

84 City  
**Tallahassee**

85 Zip Code  
**FL 32308**

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]* **RANCY OVEN** DATE **7/28/97**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CAMPBELL, ROBERT A JR.</b>		1.2 NAME <b>RANCY OVEN</b>	
STREET ADDRESS <b>1402 WHITE STAR LANE</b>		1.3 STREET ADDRESS <b>Rt 7 Box 962 E</b>	
CITY-ST-ZIP <b>TALLAHASSEE FL 32312</b>		1.4 CITY-ST-ZIP <b>Tallahassee FL 32308</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CAMPBELL, ROBERT A III</b>		2.2 NAME <b>Julie OVEN</b>	
STREET ADDRESS <b>1402 WHITE STAR LANE</b>		2.3 STREET ADDRESS <b>Rt 7 Box 962 E</b>	
CITY-ST-ZIP <b>TALLAHASSEE FL 32312</b>		2.4 CITY-ST-ZIP <b>Tallahassee, FL 32308</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CAMPBELL, SHIRLEY V</b>		3.2 NAME <b>Kim Wainwright</b>	
STREET ADDRESS <b>1402 WHITE STAR LANE</b>		3.3 STREET ADDRESS <b>2312 Forsyth Ct</b>	
CITY-ST-ZIP <b>TALLAHASSEE FL 32312</b>		3.4 CITY-ST-ZIP <b>Tallahassee, FL 32308</b>	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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]* **RANCY OVEN** DATE **7/28/97**

CR2E037 (9/96)