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May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000000188 (0)

1. Corporation Name

OAKLEIGH RESIDENTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4020 NEWBERRY RD.
SUITE 500
GAINESVILLE FL 32607

4020 NEWBERRY RD.
SUITE 500
GAINESVILLE FL 32607-2356



2. Principal Place of Business

2a. Mailing Address

21 2830 NW 41 St.

26 Suite, Apt. #, etc.

22 Suite F

27 Suite, Apt. #, etc.

23 Gainesville, FL.

28 City & State

24 32606

29 30

3. Date Incorporated or Qualified
01/10/1996

3a. Date of Last Report

4. FEI Number

59-3436668

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$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

10. Name and Address of New Registered Agent

BROWN, LEWIS JR.
4020 NEWBERRY RD.
SUITE 500
GAINESVILLE FL 32607

81 Name Smith, Beverly K.

82 Street Address (P.O. Box Number is Not Acceptable)
2830 NW 41 St.

83 Suite F

84 City Gainesville

FL

85 Zip Code 32606

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 *Beverly K. Smith*

(NOTE: Registered Agent signature required when reinstating)

4-21-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BROWN, LEWIS JR.
STREET ADDRESS 4020 NEWBERRY RD.
CITY-ST-ZIP GAINESVILLE FL 32607

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE STD
NAME BROWN, PATRICIA
STREET ADDRESS 4020 NEWBERRY RD.
CITY-ST-ZIP GAINESVILLE FL 32607

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME BROWN, CHRISTOPHER
STREET ADDRESS 4020 NEWBERRY RD.
CITY-ST-ZIP GAINESVILLE FL 32607

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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.

CR2E037 (9/96)