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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \



FLORIDA DEPARTMENT OF STATE

FILED

Feb 04 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9500002797 (5)
OAKS PRESERVE DEVELOPMENT, INC.

Principal Place of Business Mailing Address									i danimai da akibi ailii a	Altrakti abili	MANUAL AMINA SAMI			
2033 MAIN ST 2033 MAIN ST														
SUITE 104 SARASOTA FL	34237		SUITE 104 SARASOTA FL 34237-8049											
Ommoon 12	O TEO		01111001	71 1 E STEO! OF				H	3. Date Incorporated or	Qualified	3a. Date	of Last R	enort	
									01/11/1995			/1996	cpo.t	
2. Principal Prace of Business			2a. Mailir	ng Address					4. FEI Number		1 4 1/2 1	·	oplied For	
21			26	26				-	65-0634850				ot Applicable	
Suite, Apt	#, etc		Suite	Apt. #, etc.					5. Certificate of Status I) n n i u n ul		\$8.75	Additional	
22			27						b. Certificate of Status i	Jesired	ليبا	Fee Re	equired	
City & State			City &	City & State					Election Campaign Financing \$5.00 May Be					
23			28						Trust Fund Contribution Added to Fees					
	Zip Country					untry			8. This corporation has	liability for b			. 199.032,	
24	25	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	29	4	30	,			Florida Statutes	<u> </u>	Yes			
Lares		d Address of Currer	n Hegisterea	Agent		81	Name		O. Name and Address	of New Heg	pistered Ag	ent		
	ABLE, JOSEPI	n P				"	Name							
2033 MAIN ST						82	Street #	Address	(P.O. Box Number is No	t Acceptabl	le)	·		
Suite 104 Sarasota FL 34237						83	ļ							
SAR	ASUIA FL 34	231				63								
						84	City				P*1	85 Zip (Code	
44 Purcusati	to the provinces	of Sociona 607 060	12 and CO7 160	9 Elorido Ctolut	on the e	<u> </u>	2 2222		tion or house this state of		<u>FL</u>			
office or n	egisterad agent	, or both in the State	of Florida, Suc	ch change was a	es, me a authorize	d by	the corp	corporal coration's	tion submits this stateme s board of directors. I he	ant for the pi	urpose of cr t the appoin	nanging it atment as	s registered registered	
agent. La	ım tamıllar witti, a	and accept the oblig	ations of, Secti	on 607.0505, Fi	orida Stal	tutes	3.							
SIGNATURE	Stanature typed or re	nnted name of registerop ago	cot and like it sould.	ble (NOT	F: Booletero	d And	nt eigneture	required ut	hen reinstating)		DATE			
12.		OFFICERS AN			13.		- Signals b		ADDITIONS/CHANGE	S TO OFFICE		IBECTOR	S IN 12	
TITLE	DP			DELETE	1.1 71	TLE	T	NIO	1-			Change	Addition	
NAME	RIVOLTA, PIERO		1.2 N			AME		יוט	11		•	_	·	
STREET ADDRESS	TREET ADDRESS 215 ROBIN DR		1.3 \$			1.3 STREET ADDRESS		1						
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TITLE	DV			DELETE	2 1 TI	TLE		·				Change	Addition	
NAME	VENABLE, J	oseph p			2.2 N	AME								
STREET ADDRESS		ST SUITE 104			2.3 \$1	TREET	ADDRESS							
CITY-S1-ZIP	SARASOTA FL 34237				2 4 0	aty-s	ST-ZIP			•				
Title	DST			DELETE	31TI	TLE						Change	Addition	
NAME	THOMPSON				3.2 N/	AME	j							
STREET ADDRESS	2107 49TH /				3351	TAEET	ADDRESS							
CITY-ST-ZIP	BRADENTON	1 FL 34207			3 4. C	ATY - S	ST-ZIP							
TITLE				DELETE	4.1 T(Change	Addition	
NAME					4 2 N									
STREET ADDRESS					4.3 51	TREET	ADDRESS							
CITY-ST-ZiP	·			1 00,570	4.4 CI		T-ZIP							
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TITLE				DELETE	6.1 TI						£	Change	Addition	
NAME					6.2 N/									
STREET ADORESS					6.3 S1	REET	ADDRESS							

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or or an attachment with an address.