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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P98000034048**1. Corporation Name

NAME

STREET ADDRESS

THE OAKS APARTMENTS OF SARASOTA, INC.			LALLAMASSLE, FLORIDA	
THE OARO ALAIMBERTO OF OF	MINOUTA, INO.			
Principal Place of Business	Mailing Address			
1060 OREGON CT.	1060 OREGON CT.			
SARASOTA FL 34236	SARASOTA FL 34236		DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified	
			04/14/1998	
2. Principal Place of Business	2a, Mailing Address		4. FEI Number	Applied For
21	26		N/A	Not Applicable
Suite, Apt #, etc	Suite, Apt. #, etc		5. Conficate of Status Desired	\$8.75 Additional
22	27		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Fee Required
City & State	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
Zip Country	28     Zgs	Country	Trust Fund Contribution	Added to Fees
24 [25]	t i r	30	B. This corporation owes the current year     Personal Property Tax	llikangible [∐Yes [∐No
9. Name and Address of Cui			10. Name and Address of New Registers	
		81 Name		- ,
WARD, LONNIE JR		82 Street Add	ddress (P.O. Box Number is Not Acceptable)	
1060 OREGON CT.		0.000,7,000	( .c. to a real real real real real real real re	
SARASOTA FL 34236		83		
		84 City	_	85 Zip Code
			F	
11. Pursuant to the provisions of Sections 607. office or registered agent, or both, in the St.	0502 and 607.1508, Florida Statute ate of Floridal Such change was au	is, the above-named corp thorized by the corporati	poration submits this statement for the purpose on's board of directors. Thereby accept the app	of changing its registered pointment as registered
agent I am familiar with, and accept the ob	ligations of, Section 607.0505, Flori	ida Statutes	,	
SIGNATURE Signature, typed or printed radio of registared	and the second s	Registered Agent sejratura te ji da	CENTS OCCUPANTS. DIATE	
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE 5-5	/ [ ] DELETE	117016		[ Change [ Addition
NAME Konnie U	Varditie	1.2 NAME		
STREET ADDRESS 1060, DS a	son ct.	13 STREET ADDRESS	10000285	94017
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NAME	E y creet te.	4 2 NAMS		( Tollarige E ) Addition
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NAME		5.2 NAME	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\
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CITY-ST-ZIP		54 CUTY - \$1 - 261	/ <i>T</i>	)
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14. I 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 suppliemental annual report is true and accurate and that my signature shall have the same logal 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 on an attachment with an address, with all others that it is not statuted to be supplied to the control of the corporation of the receiver or trustees.

63 STREET ADDRESS

6.4 CHY-\$1-2ii\*

SIGNATURE: