


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

**FILED**

**Feb 26 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 761955 (4)**  
 1. Corporation Name  
**OAK CREST/ACORN RESIDENTS' CLUB, INC.**



Principal Place of Business <b>9925 ULMERTON RD. #253 LARGO FL 33771 US</b>	Mailing Address <b>9925 ULMERTON RD #253 LARGO FL 34641 US</b>
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3. Date Incorporated or Qualified <b>02/12/1982</b>		
4. FEI Number <b>59-2288746</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent  <b>MCLANE, THEODORE F. 251 N CLEARWATER-LARGO ROAD LARGO FL</b>	
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10. Name and Address of New Registered Agent	
<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b>
<b>85</b> Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <b>GIUNTA, DORIS</b>	1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIUNTA, DORIS</b>	1.2 NAME	<b>Giunta, Doris</b>
STREET ADDRESS	<b>9925 ULMERTON RD. #253</b>	1.3 STREET ADDRESS	<b>9925 Ulmerton Rd. #253</b>
CITY-ST-ZIP	<b>LARGO FL</b>	1.4 CITY-ST-ZIP	<b>Largo, Fl.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KENNEL, MARY</b>	2.2 NAME	<b>Jennet Bucher</b>
STREET ADDRESS	<b>#207</b>	2.3 STREET ADDRESS	<b>#532</b>
CITY-ST-ZIP	<b>LARGO FL</b>	2.4 CITY-ST-ZIP	<b>Largo, Fl.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOFFMAN, ROBERT L.</b>	3.2 NAME	<b>Edith Blaire</b>
STREET ADDRESS	<b>9925 ULMERTON RD #309</b>	3.3 STREET ADDRESS	<b>#43</b>
CITY-ST-ZIP	<b>LARGO FL</b>	3.4 CITY-ST-ZIP	<b>Largo, Fl.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MACLEAN, FRAN L.</b>	4.2 NAME	<b>Irene Rhein</b>
STREET ADDRESS	<b>9925 ULMERTON RD #176</b>	4.3 STREET ADDRESS	<b>#432</b>
CITY-ST-ZIP	<b>LARGO FL</b>	4.4 CITY-ST-ZIP	<b>Largo, Fl.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'GRADY, MARY</b>	5.2 NAME	<b>Fran Maclean</b>
STREET ADDRESS	<b>#580</b>	5.3 STREET ADDRESS	<b>#176 Largo, Fl.</b>
CITY-ST-ZIP	<b>LARGO FL</b>	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	

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.
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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 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: *Doris Giunta* **REQUIRED** 2/15/98 813/565-8448

CR2E037 (10/97)