

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 15 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **763580** (8)
1. Corporation Name
OAK PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
% MARK AANONSON
700 W. OAK STREET
KISSIMMEE FL 34741

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/07/1982** 3a. Date of Last Report **02/01/1994**
4. FEI Number **59-2213361** 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 **32741** 25 Country 29 Zip **32741** 30 Country

9. Name and Address of Current Registered Agent
AANONSON, MARK
700 W. OAK ST.
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL 32741**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE PD
NAME PATTERSON, HOWARD K.
STREET ADDRESS 201 W MAIN ST
CITY-ST-ZIP LOUISVILLE KY
TITLE VD
NAME HENDRICKS, MICHAEL A.
STREET ADDRESS 201 W MAIN ST
CITY-ST-ZIP LOUISVILLE KY
TITLE STD
NAME AANONSON, MARK
STREET ADDRESS 700 W. OAK ST.
CITY-ST-ZIP KISSIMMEE FL
TITLE SED
NAME AANONSON, MARK
STREET ADDRESS 700 W. OAK ST.
CITY-ST-ZIP KISSIMMEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME **VD AANONSON, MARK**
2.3 STREET ADDRESS **700 W. Oak Street**
2.4 CITY-ST-ZIP **Kissimmee, FL 32741**
3.1 TITLE Change Addition
3.2 NAME **STD REED, LAURA**
3.3 STREET ADDRESS **700 W. Oak Street**
3.4 CITY-ST-ZIP **Kissimmee, FL 32741**
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: **X Howard K. Patterson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-95 (503) 572-2450
Date Daytime Phone #