

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**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 32741**  
**US**

3. Date Incorporated or Qualified **06/07/1982** 3a. Date of Last Report **03/15/1995**

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

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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**AANONSON, MARK**  
**700 W. OAK ST.**  
**KISSIMMEE FL 32741**

10. Name and Address of New Registered Agent  
**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City **FL** **85** 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PATTERSON, HOWARD K.	
STREET ADDRESS	201 W MAIN ST	
CITY - ST - ZIP	LOUISVILLE KY	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	REED, LAURA	
STREET ADDRESS	700 W. OAK STREET	
CITY - ST - ZIP	KISSIMMEE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	AANONSON, MARK	
STREET ADDRESS	700 W. OAK ST.	
CITY - ST - ZIP	KISSIMMEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Patterson, Howard K.	
1.3 STREET ADDRESS	One Park Plaza	
1.4 CITY - ST - ZIP	Nashville, TN 37202	
2.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Brammer, Sheri	
2.3 STREET ADDRESS	700 W. Oak Street	
2.4 CITY - ST - ZIP	Kissimmee, FL 34741	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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: Mark Aanonson 1/29/96 (407) 933-3601  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)