

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 30 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 768329 (5)
 1. Corporation Name
 OAK MEADOW CONDOMINIUM ASSOCIATION OF PENSACOLA, INCORPORATED



Principal Place of Business Mailing Address
 3298 SUMMIT BLVD. SUITE 4 PENSACOLA FL 32503 US
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3. Date incorporated or Qualified
 05/09/1983
 4. FEI Number
 59-2296537
 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 7225 W Fairfield Dr 26 P O Box 36185
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22
 27
 City & State City & State
 23 Pensacola, FL 28 Pensacola, FL
 Zip Country Zip Country
 24 32506 25 USA 29 32516-6185 30 USA

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. Is this nonprofit corporation a homeowners association?
 Yes No
 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 ETHERIDGE, RAY O.
 3298 SUMMIT BLVD., SUITE 4
 PENSACOLA FL 32503

10. Name and Address of New Registered Agent
 81 Name
 BONNIE STEVENS
 82 Street Address (P.O. Box Number is Not Acceptable)
 7225 W FAIRFIELD DR
 83 UNIT F-1
 84 City
 PENSACOLA FL 85 Zip Code
 32506

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: *Bonnie Stevens, President* DATE: 7/24/98
Signature for registered agent is not required when reinstating. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	MOORE, GEORGE	1.2 NAME	STEVENS, BONNIE
STREET ADDRESS	7225 W. FAIRFIELD DRIVE, F-6	1.3 STREET ADDRESS	7225 W XXXXXXXXXX FAIRFIELD F-1
CITY-ST-ZIP	PENSACOLA FL 32508	1.4 CITY-ST-ZIP	PENSACOLA, FL 32506
TITLE	SD	2.1 TITLE	SD
NAME	BURRIS, PATSY	2.2 NAME	MOORE, GEORGE
STREET ADDRESS	7225 W. FAIRFIELD DR., F-2	2.3 STREET ADDRESS	7225 W FAIRFIELD DR., F-6
CITY-ST-ZIP	PENSACOLA FL 32508	2.4 CITY-ST-ZIP	PENSACOLA, FL 32506
TITLE	VPD	3.1 TITLE	VPD
NAME	DELOGE, JON	3.2 NAME	FRAN BUECHLER
STREET ADDRESS	7225 W. FAIRFIELD, APT. D-8	3.3 STREET ADDRESS	7225 W FAIRFIELD DR, YX B-8
CITY-ST-ZIP	PENSACOLA FL 32508	3.4 CITY-ST-ZIP	PENSACOLA FL 32506
TITLE	D	4.1 TITLE	D
NAME	BUECHLER, FRAN	4.2 NAME	WYNETTE HENLEY
STREET ADDRESS	7225 W. FAIRFIELD, APT. B-8	4.3 STREET ADDRESS	116 NORTHGATE DR
CITY-ST-ZIP	PENSACOLA FL 32508	4.4 CITY-ST-ZIP	LOXLEY AL 36551
TITLE	D	5.1 TITLE	D
NAME	REEVES, CHERYL	5.2 NAME	MARTIN, JOSEPH
STREET ADDRESS	858 VALLEY RIDGE DR.	5.3 STREET ADDRESS	7225 W FAIRFIELD DR B-
CITY-ST-ZIP	PENSACOLA FL 32514	5.4 CITY-ST-ZIP	PENSACOLA FL 32506
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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NAME		6.2 NAME	
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CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Bonnie Stevens, President* DATE: 7/24/98 850/457-3648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (5/98)