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May 06, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 768329

1. Corporation Name
OAK MEADOW CONDOMINIUM ASSOCIATION OF PENSACOLA, INCORPORATED

Principal Place of Business 7225W FAIRFIELD DR PENSACOLA FL 32506 US	Mailing Address P. O. BOX 36185 PENSACOLA FL 32516-6185 US
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2. Principal Place of Business 21 Same	2a. Mailing Address 26 Same	3. Date Incorporated or Qualified 05/09/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2296537
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent STEVENS, BONNIE 7225 W FAIRFIELD DR UNIT F-1 PENSACOLA FL 32506	10. Name and Address of New Registered Agent 81 Name Same 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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* DATE 4/20/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MOORE, GEORGE		1.2 NAME BLANKENSHIP WILLIAM	
STREET ADDRESS 7225 W. FAIRFIELD DRIVE, F-6		1.3 STREET ADDRESS 7225 W FAIRFIELD DR, C-2	
CITY-ST-ZIP PENSACOLA FL 32506		1.4 CITY-ST-ZIP PENSACOLA FL 32506	
TITLE PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEVENS, BONNIE		2.2 NAME BUECHLER, FRAN	
STREET ADDRESS 7225 W FAIRFIELD F-1		2.3 STREET ADDRESS 7225 W FAIRFIELD DRIVE, B-8	
CITY-ST-ZIP PENSACOLA FL 32506		2.4 CITY-ST-ZIP PENSACOLA FL 32506	
TITLE T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HENLEY, WYNETTE		3.2 NAME STEVENS, BONNIE	
STREET ADDRESS 116 NORTHGATE DR		3.3 STREET ADDRESS 7225 W FAIRFIELD DR, F-1	
CITY-ST-ZIP LOXLEY AL 36551		3.4 CITY-ST-ZIP PENSACOLA, FL 32506	
TITLE VPD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BEUCHLER, FRAN		4.2 NAME MOORE, DEANA	
STREET ADDRESS 7225 W. FAIRFIELD, APT. B-8		4.3 STREET ADDRESS 7225 W FAIRFIELD DR, F-6	
CITY-ST-ZIP PENSACOLA FL 32506		4.4 CITY-ST-ZIP PENSACOLA FL 32506	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARTIN, JOSEPH		5.2 NAME MARTIN, JOSEPH	
STREET ADDRESS 7225 W FAIRFIELD DR B-		5.3 STREET ADDRESS 7225 W FAIRFIELD DR B- 5	
CITY-ST-ZIP PENSACOLA FL 32506		5.4 CITY-ST-ZIP PENSACOLA FL 32506	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MARTIN, JOSEPH		6.2 NAME BUNTING, JUDY	
STREET ADDRESS 7225 W FAIRFIELD DR B-		6.3 STREET ADDRESS 7225 W FAIRFIELD DR, F- 3	
CITY-ST-ZIP PENSACOLA FL 32506		6.4 CITY-ST-ZIP PENSACOLA FL 32506	

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, with all other like empowered.

SIGNATURE: *Bonnie Stevens* **REQUIRED** DATE: 4/20/99 DAYTIME PHONE #

CR2E037 (1/98)