

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N01320** (3)

1. Corporation Name
OAKS CLUB CORPORATION



Principal Place of Business: **301 MAC EWEN DR OSPREY FL 34229 US**
Mailing Address: **301 MAC EWEN DR OSPREY FL 34229 US**

3. Date Incorporated or Qualified: **02/08/1984**
3a. Date of Last Report: **05/01/1995**

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

4. FEI Number: **59-2369514** Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing: **\$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

10. Name and Address of New Registered Agent

**THOMPSON, DAWN
301 MAC EWEN DR
OSPREY FL 34229**

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: *Dawn C. Thompson* 3-22-96
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	RIVOLTA, PIERO	
STREET ADDRESS	301 MAC EWEN DR	
CITY-ST-ZIP	OSPREY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	THOMPSON, DAWN	
STREET ADDRESS	301 MAC EWEN DR	
CITY-ST-ZIP	OSPREY FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	MARK CONNELLY	
STREET ADDRESS	301 MACEWEN DR	
CITY-ST-ZIP	OSPREY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CONNELLY, ROD	
STREET ADDRESS	301 MAC EWEN DR	
CITY-ST-ZIP	OSPREY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JAMES MURPHY	
STREET ADDRESS	2301 MACEWEN DR	
CITY-ST-ZIP	OSPREY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICHARD STORM	
STREET ADDRESS	301 MAVEWEN DR	
CITY-ST-ZIP	OSPREY FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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: *Dawn C. Thompson* 3-22-96 941-966-2161
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E037 (12/95)