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Feb 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N01320 (3)

1. Corporation Name
OAKS CLUB CORPORATION



Principal Place of Business Mailing Address
301 MAC EWEN DR OSPREY FL 34229 US
301 MAC EWEN DR OSPREY FL 34229-8096 US

3. Date Incorporated or Qualified 02/08/1984
3a. Date of Last Report 03/27/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2369514 Applied For Not Applicable
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 29 Zip Country 30

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

10. Name and Address of New Registered Agent

THOMPSON, DAWN
301 MAC EWEN DR
OSPREY FL 34229

81 Name GARY JOHNSON
82 Street Address (P.O. Box Number is Not Acceptable)
83 301 MACEWEN DR
84 City OSPREY FL 85 Zip Code 34229

11. Pursuant to the provisions of Sections 617.0503 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: [Signature] GARY JOHNSON 1/30/97
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 RIVOLTA, PIERO DELETE
NAME RIVOLTA, PIERO
STREET ADDRESS 301 MAC EWEN DR
CITY-ST-ZIP OSPREY FL
TITLE T THOMPSON, DAWN DELETE
NAME THOMPSON, DAWN
STREET ADDRESS 301 MAC EWEN DR
CITY-ST-ZIP OSPREY FL
TITLE C MARK CONNELLY DELETE
NAME MARK CONNELLY
STREET ADDRESS 301 MACEWEN DR
CITY-ST-ZIP OSPREY FL
TITLE S CONNELLY, ROD DELETE
NAME CONNELLY, ROD
STREET ADDRESS 301 MAC EWEN DR
CITY-ST-ZIP OSPREY FL
TITLE D JAMES MURPHY DELETE
NAME JAMES MURPHY
STREET ADDRESS 2301 MACEWEN DR
CITY-ST-ZIP OSPREY FL
TITLE D RICHARD STORM DELETE
NAME RICHARD STORM
STREET ADDRESS 301 MACEWEN DR
CITY-ST-ZIP OSPREY FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE T GARY JOHNSON Change Addition
2.2 NAME GARY JOHNSON
2.3 STREET ADDRESS 301 MACEWEN DR
2.4 CITY-ST-ZIP OSPREY, FL. 34229
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE D MR THEODORE VONGLAHN Change Addition
5.2 NAME MR THEODORE VONGLAHN
5.3 STREET ADDRESS 301 MACEWEN DR
5.4 CITY-ST-ZIP OSPREY, FL. 34229
6.1 TITLE D MR RICHARD SCHUTZ Change Addition
6.2 NAME MR RICHARD SCHUTZ
6.3 STREET ADDRESS 301 MACEWEN DR
6.4 CITY-ST-ZIP OSPREY, FL. 34229

14. I do 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: [Signature] GARY JOHNSON 1/30/97 (941) 966-4808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE # 0002738

CR2E037 (9/96)