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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 # N01320

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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 02/08/1984	4. FEI Number 59-2369514	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
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

JOHNSON, GARY
301 MAC EWEN DR
OSPREY FL 34229

10. Name and Address of New Registered Agent

81 Name **MR. ROB ROBINSON**
 82 Street Address (P.O. Box Number is Not Acceptable)
Bulman, George, Scheg, Toale + Robinson
 83 **22 South Tuttle Ave., Ste. 3**
 84 City **Sarasota** 85 Zip Code **FL 34237**

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 Robert K. Johnson DATE 2-2-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RIVOLTA, PIERO	
STREET ADDRESS	301 MAC EWEN DR	
CITY-ST-ZIP	OSPREY FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, GARY	
STREET ADDRESS	301 MACEWEN DR	
CITY-ST-ZIP	OSPREY FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FRANKLIN, BRUCE	
STREET ADDRESS	301 MAC EWEN DR	
CITY-ST-ZIP	OSPREY FL 34229	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Renzo Rivolta VP/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	301 Macewen Dr	
2.3 STREET ADDRESS	Osprey, FL 34229	
2.4 CITY-ST-ZIP		
3.1 TITLE	Monica Schmelzinger	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Schmelzinger	
3.3 STREET ADDRESS	301 macewen dr	
3.4 CITY-ST-ZIP	Osprey fl. 34229	
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 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: [Signature] DATE: 1/22/99 DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/1/98)