

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N19755 (0)

1. Corporation Name
OAKLANE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: 3007 CUNARD DRIVE VALRICO FL 33594
Mailing Address: 3007 CUNARD DRIVE VALRICO FL 33594

3. Date Incorporated or Qualified: 03/19/1987
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0199480 Applied For: Not Applicable
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

2. Principal Place of Business: 21 3011 CUNARD DRIVE
22 Suite, Apt. #, etc.:
23 City & State:
24 Zip: 25 Country:
2a. Mailing Address: 26 3011 CUNARD DRIVE
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip: 30 Country:

9. Name and Address of Current Registered Agent: MYERS, JENNIFER J. 3007 CUNARD DRIVE VALRICO FL 33594
10. Name and Address of New Registered Agent: 81 Name: GEORGE B. HARDY
82 Street Address (P.O. Box Number is Not Acceptable): 3011 CUNARD DRIVE
83 City: VALRICO FL 85 Zip Code: 33594

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 617.003, Florida Statutes.

SIGNATURE: *George B. Hardy* (NOTE: Registered Agent's signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DT	NAME: JACKSON, CECIL H., JR. STREET ADDRESS: 2202 SPOONBILL COURT CITY-ST-ZIP: VALRICO FL	1.1 TITLE: DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DV	NAME: WARNER, A. STREET ADDRESS: 3026 CUNARD DR CITY-ST-ZIP: VALRICO FL	1.2 NAME: GEORGE B. HARDY 1.3 STREET ADDRESS: 3011 CUNARD DRIVE 1.4 CITY-ST-ZIP: VALRICO FL 33594	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D	NAME: LANCASTER, MICHAEL STREET ADDRESS: 3024 CUNARD DR CITY-ST-ZIP: VALRICO FL	2.1 TITLE: DP 2.2 NAME: LONON, IVAR 2.3 STREET ADDRESS: 3005 CUNARD DRIVE 2.4 CITY-ST-ZIP: VALRICO FL 33594	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DP	NAME: MYERS, JENNIFER STREET ADDRESS: 3007 CUNARD DR. CITY-ST-ZIP: VALRICO FL	3.1 TITLE: D 3.2 NAME: Bishop, WILLIAM 3.3 STREET ADDRESS: 2201 SPOONBILL CT 3.4 CITY-ST-ZIP: VALRICO FL 33594	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DS	NAME: LORCH, DANIEL STREET ADDRESS: 3017 CUNARD DR CITY-ST-ZIP: VALRICO FL	4.1 TITLE: DV 4.2 NAME: MYERS, RANDY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DS	NAME: NANNIS, KATHY STREET ADDRESS: 3016 CUNARD DRIVE CITY-ST-ZIP: VALRICO FL 33594	5.1 TITLE: DS 5.2 NAME: NANNIS, KATHY 5.3 STREET ADDRESS: 3016 CUNARD DRIVE 5.4 CITY-ST-ZIP: VALRICO FL 33594	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: []	NAME: [] STREET ADDRESS: [] CITY-ST-ZIP: []	6.1 TITLE: [] 6.2 NAME: [] 6.3 STREET ADDRESS: [] 6.4 CITY-ST-ZIP: []	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *George B. Hardy* 4/6/96 (813) 875-1115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)