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Jan 17 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 # **N19755** (0)

1. Corporation Name
OAKLANE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
3011 CUNARD DRIVE VALRICO FL 33594 US **3011 CUNARD DRIVE VALRICO FL 33594-5254 US**

3. Date Incorporated or Qualified **03/19/1987** 3a. Date of Last Report **04/11/1996**

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

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

9. Name and Address of Current Registered Agent
**GEORGE B. HARDY
3011 CUNARD DRIVE
VALRICO FL 33594**

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE B HARDY	1.2 NAME	
STREET ADDRESS	3011 CUNARD DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONON, IVAR	2.2 NAME	
STREET ADDRESS	3005 CUNARD DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BISHOP, WILLIAM	3.2 NAME	RONALD LINDB
STREET ADDRESS	2201 SPOONBILL CT	3.3 STREET ADDRESS	3009 CUNARD DRIVE
CITY-ST-ZIP	VALRICO FL	3.4 CITY-ST-ZIP	VALRICO, FL 33594
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, RANDY	4.2 NAME	
STREET ADDRESS	3007 CUNARD DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	4.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NANNS, KATHY	5.2 NAME	KAY PRUDENTE
STREET ADDRESS	3016 CUNARD DRIVE	5.3 STREET ADDRESS	3003 CUNARD DRIVE
CITY-ST-ZIP	VALRICO FL	5.4 CITY-ST-ZIP	VALRICO, FL 33594
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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]* 1-4-97 (813)875-1115
Date Daytime Phone # 006684

CR2E037 (9/96)