

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$153 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # N26745 (2)
1. Corporation Name

OAK SPRINGS HOMEOWNERS ASSOCIATION, INC.

95 JUN 14 AM 9:29

Principal Place of Business		Mailing Address	
12 HIGHLAND SORRENTO FL 32776		12 HIGHLAND SORRENTO FL 32776	

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified	3a. Date of Last Report
06/02/1988	02/22/1994
4. FEI Number	Applied For
59-2904109	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	FILING FEE IS \$61.25
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CRAWFORD, CAROL A. ATTY AT LAW
6320 MATCHETT ROAD
ORLANDO FL 32809

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABELL, KAREN	12 NAME	
STREET ADDRESS	12 HILLSBOROUGH DR.	13 STREET ADDRESS	
CITY - ST - ZIP	SORRENTO FL	14 CITY - ST - ZIP	
TITLE	VPD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWELL, DON	22 NAME	
STREET ADDRESS	23 FRANKLIN CIRCLE	23 STREET ADDRESS	
CITY - ST - ZIP	SORRENTO FL	24 CITY - ST - ZIP	
TITLE	SD	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERS, LES	32 NAME	
STREET ADDRESS	117 HILLSBOROUGH DR	33 STREET ADDRESS	SD Smyth, Vanola
CITY - ST - ZIP	SORRENTO FL	34 CITY - ST - ZIP	23 Seminole St. Sorrento, FL 32776
TITLE	T	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMYTH, CHARLES	42 NAME	
STREET ADDRESS	23 SEMINOLE STREET	43 STREET ADDRESS	
CITY - ST - ZIP	SORRENTO FL 32776	44 CITY - ST - ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABELL, BILL	52 NAME	
STREET ADDRESS	1 FLAGLER STREET	53 STREET ADDRESS	
CITY - ST - ZIP	SORRENTO FL	54 CITY - ST - ZIP	
TITLE	D	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITMIRE, BOB	62 NAME	
STREET ADDRESS	18 MADISON DRIVE	63 STREET ADDRESS	D Butler, James
CITY - ST - ZIP	SORRENTO FL	64 CITY - ST - ZIP	47 Hillsborough Dr. Sorrento, FL 32776

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 110.07(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 the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: Charles Smyth Charles Smyth 6/9/95 904-383-0957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/95)