

**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 # N26745 (2)**  
1. Corporation Name  
**OAK SPRINGS HOMEOWNERS ASSOCIATION, INC.**



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

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified		3a. Date of Last Report	
21		26		06/02/1988		06/14/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-2904109		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28		<input type="checkbox"/>		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24	25	29	30	<input type="checkbox"/>		<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

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

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	PD	1.1 TITLE	PD
NAME	ABELL, KAREN	1.2 NAME	GIANGROSSI, GENO
STREET ADDRESS	12 HILLSBOROUGH DR.	1.3 STREET ADDRESS	25 HILLSBOROUGH DR.
CITY-ST-ZIP	SORRENTO FL	1.4 CITY-ST-ZIP	SORRENTO FL 32776
	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD
TITLE	VPD	2.2 NAME	GIANGROSSI, CINDY
NAME	HOWELL, DON	2.3 STREET ADDRESS	25 HILLSBOROUGH DR.
STREET ADDRESS	23 FRANKLIN CIRCLE	2.4 CITY-ST-ZIP	SORRENTO FL 32776
CITY-ST-ZIP	SORRENTO FL		
	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	VPD
TITLE	SD	3.2 NAME	SMYTH, VANOLA
NAME	SMYTH, VANOLA	3.3 STREET ADDRESS	23 SEMINOLE ST.
STREET ADDRESS	23 SEMINOLE STREET	3.4 CITY-ST-ZIP	SORRENTO FL 32776
CITY-ST-ZIP	SORRENTO FL		
	<input type="checkbox"/> DELETE	4.1 TITLE	
TITLE	T	4.2 NAME	
NAME	SMYTH, CHARLES	4.3 STREET ADDRESS	
STREET ADDRESS	23 SEMINOLE STREET	4.4 CITY-ST-ZIP	
CITY-ST-ZIP	SORRENTO FL 32776		
	<input type="checkbox"/> DELETE	5.1 TITLE	D
TITLE	D	5.2 NAME	CONCELMO, DON
NAME	ABELL, BILL	5.3 STREET ADDRESS	14 HIGHLAND AVE
STREET ADDRESS	1 FLAGLER STREET	5.4 CITY-ST-ZIP	SORRENTO, FL 32776
CITY-ST-ZIP	SORRENTO FL		
	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	P
TITLE	D	6.2 NAME	KEIFER, VIRGIL
NAME	BUTLER, JAMES	6.3 STREET ADDRESS	165 HILLSBOROUGH DR.
STREET ADDRESS	47 HILLSBOROUGH DRIVE	6.4 CITY-ST-ZIP	SORRENTO, FL 32776
CITY-ST-ZIP	SORRENTO FL		

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: Charles Smyth 3-21-96 352-383-0957  
SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)