


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N26745 (2)**  
1. Corporation Name  
**OAK SPRINGS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>12 HIGHLAND SORRENTO FL 32776</b>	Mailing Address <b>12 HIGHLAND SORRENTO FL 32776-0620</b>
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3. Date Incorporated or Qualified <b>06/02/1988</b>	3a. Date of Last Report <b>03/26/1996</b>
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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
24. Country	29. Country
25.	30.

4. FEI Number <b>59-2904109</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input 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
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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GIANGROSSI, GENO	
STREET ADDRESS	25 HILLSBOROUGH DR	
CITY - ST - ZIP	SORRENTO FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GIANGROSSI, CINDY	
STREET ADDRESS	25 HILLSBOROUGH DR	
CITY - ST - ZIP	SORRENTO FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SMYTH, VANOLA	
STREET ADDRESS	23 SEMINOLE STREET	
CITY - ST - ZIP	SORRENTO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SMYTH, CHARLES	
STREET ADDRESS	23 SEMINOLE STREET	
CITY - ST - ZIP	SORRENTO FL 32776	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONCELMO, DON	
STREET ADDRESS	14 HIGHLAND AVE	
CITY - ST - ZIP	SORRENTO FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KEIFER, VIRGIL	
STREET ADDRESS	165 HILLSBOROUGH DR	
CITY - ST - ZIP	SORRENTO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BILL ABELL	
1.3 STREET ADDRESS	1 FLAGLER ST.	
1.4 CITY - ST - ZIP	SORRENTO, FL	
2.1 TITLE	SP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DORIS STULL	
2.3 STREET ADDRESS	172 HILLSBOROUGH DR.	
2.4 CITY - ST - ZIP	SORRENTO FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
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 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: *Charles E. Smyth* **CHARLES E. SMYTH** 2-27-97 352-383-0957  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0014790

CR2E037 (9/96)