

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N31395 (9)

1. Corporation Name
OAK BLUFFS, INC.

Principal Place of Business 420 BAY AVENUE CLEARWATER FL 34616	Mailing Address 420 BAY AVENUE CLEARWATER FL 34616-5201
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/27/1989	3a. Date of Last Report 04/11/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3016385	Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent RAYMOND, J. PAUL 400 CLEVELAND STREET SUITE 800 CLEARWATER FL 34615	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
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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	HEBERLING, LARYN D <input checked="" type="checkbox"/> DELETE	1.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	CATES, RONALD K.
NAME		1.2 NAME	
STREET ADDRESS 420 BAY AVENUE		1.3 STREET ADDRESS 420 BAY AVENUE	
CITY-ST-ZIP CLEARWATER FL		1.4 CITY-ST-ZIP CLEARWATER, FL 34616	
TITLE VD <input checked="" type="checkbox"/> DELETE		2.1 TITLE VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME KUHLMEYER, RICHARD		2.2 NAME CARR, JAMES D.	
STREET ADDRESS 420 BAY AVENUE		2.3 STREET ADDRESS 420 BAY AVENUE	
CITY-ST-ZIP CLEARWATER FL		2.4 CITY-ST-ZIP CLEARWATER, FL 34616	
TITLE SD <input checked="" type="checkbox"/> DELETE		3.1 TITLE SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME GERY, DAVID		3.2 NAME RIVES, LORI	
STREET ADDRESS 420 BAY AVE		3.3 STREET ADDRESS 420 BAY AVENUE	
CITY-ST-ZIP CLEARWATER FL		3.4 CITY-ST-ZIP CLEARWATER, FL 34616	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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: **JAMES D. CARR**  **813-445-4700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0066817

CR2E037 (9/96)