

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 18 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 # N35441 (7)
 1. Corporation Name
OAKFIELD ACRES OWNERS' ASSOCIATION, INC.



Principal Place of Business ROUTE 2, BOX 430-K LAKE CITY FL 32024	Mailing Address ROUTE 2, BOX 430-K LAKE CITY FL 32024-9802
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3. Date Incorporated or Qualified 11/27/1989	3a. Date of Last Report 04/04/1996
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21. Principal Place of Business Suite, Apt #, etc.	22. Mailing Address Suite, Apt #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip Country

4. FEI Number 59-2983732	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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
**SHAW, IDA MAE
 RT. 2, BOX 430-K
 LAKE CITY FL 32024**

10. Name and Address of New Registered Agent

81 Name SAME
82 Street Address (P.O. Box Number is Not Acceptable)
83 Rt 14 Box 24311
84 City Lake City FL 85 Zip Code 32024

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	PTD	<input type="checkbox"/> DELETE
NAME	SHAW, IDA MAE	
STREET ADDRESS	RT. 2, BOX 430-K	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HEATH, FREEMAN A	
STREET ADDRESS	RT. 2, BOX 430-C	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PARSON, ANNIE A	
STREET ADDRESS	RT. 2, BOX 430-K	
CITY-ST-ZIP	LAKE CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PTD SHAW, IDA MAE	
1.3 STREET ADDRESS	RT 2 BOX 430-K	
1.4 CITY-ST-ZIP	Lake City, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD Heath, Freeman A	
2.3 STREET ADDRESS	RT 2 BOX 430-C	
2.4 CITY-ST-ZIP	Lake City, FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD PARSON, ANNIE A	
3.3 STREET ADDRESS	RT 2 BOX 430-K	
3.4 CITY-ST-ZIP	Lake City, FL	
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: **IDA MAE SHAW** Date: **Nov 2 - 97**

CR2E037 (9/96)