

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY -1 AM 9:20

DOCUMENT # **N42101 (8)**  
1. Corporation Name  
**OAKBROOKE ESTATES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**4753 RYALS RD ZEPHYRHILLS FL 33541**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **02/15/1991** 3a. Date of Last Report **08/05/1994**  
4. FEI Number **NOT APPLICABLE** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75** Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75** Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **7578 Oakbrook Dr** 28 **7578 Oakbrook Dr.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22  
23 City & State **Zephyrhills FL** 28 City & State **Zephyrhills FL**  
Zip **33540** Country **USA** 29 Zip **33540** Country **USA**

9. Name and Address of Current Registered Agent  
**RYMAN, TAMMY L.  
4753 RYALS RD.  
ZEPHYRHILLS FL 33541**

10. Name and Address of New Registered Agent  
81 Name **CHARLES LAIL**  
82 Street Address (P.O. Box Number is Not Acceptable) **7524 OAKBROOKE DRIVE**  
83  
84 City **ZEPHYRHILLS** FL 85 Zip Code **33540**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Charles Lail* DATE **4-28-95**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
TITLE **PSO**  
NAME **LAIL, CHARLES**  
STREET ADDRESS **7524 OAKBROOKE DRIVE**  
CITY-ST-ZIP **ZEPHYRHILLS FL**  
TITLE **D**  
NAME **HEIL, FRED**  
STREET ADDRESS **37 EMBASSY PARK**  
CITY-ST-ZIP **DADE CITY FL**  
TITLE **D**  
NAME **BARNETT, BEVERLY**  
STREET ADDRESS **5912 7TH STREET**  
CITY-ST-ZIP **ZEPHYRHILLS FL**  
TITLE **Exec. Chauncy**  
NAME **ERRI CHAUNCEY**  
STREET ADDRESS **7536 OAKBROOK DR**  
CITY-ST-ZIP **ZEPHYRHILLS, FL 33540**  
TITLE **ARIS ZIATAS**  
NAME **ARIS ZIATAS**  
STREET ADDRESS **7512 OAKBROOKE DRIVE**  
CITY-ST-ZIP **ZEPHYRHILLS FL 33540**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP  
21 TITLE  Change  Addition  
22 NAME **DR HEYL, FRED**  
23 STREET ADDRESS **7578 OAKBROOK DR**  
24 CITY-ST-ZIP **ZEPHYRHILLS, FL 33540**  
31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  
41 TITLE  Change  Addition  
42 NAME **ERRI CHAUNCEY**  
43 STREET ADDRESS **7536 OAKBROOK DR.**  
44 CITY-ST-ZIP **ZEPHYRHILLS, FL 33540**  
51 TITLE  Change  Addition  
52 NAME **ARIS ZIATAS**  
53 STREET ADDRESS **7512 OAKBROOKE DR.**  
54 CITY-ST-ZIP **ZEPHYRHILLS, FL 33540**  
61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

**REMITTED BY MAY 1**

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)(b), 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 partner 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: *[Signature]* DATE **4-28-95** (81B) 783-8448  
Signature and typed or printed name of signing officer or director