

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 # **N50601** (6)

1. Corporation Name

OAKBREEZE COVE OWNERS ASSOCIATION, INC.



Principal Place of Business: % J & M ASSOCIATES, INC. 1503 OAK STREET JACKSONVILLE FL 32204
Mailing Address: % J & M ASSOCIATES, INC. 1503 OAK STREET JACKSONVILLE FL 32204

3. Date Incorporated or Qualified: **08/27/1992**
3a. Date of Last Report: **02/15/1995**

2. Principal Place of Business (21-24): Suite, Apt. #, etc. (22); City & State (23); Zip (24); Country (25)
2a. Mailing Address (26-30): Suite, Apt. #, etc. (27); City & State (28); Zip (29); Country (30)

4. FEI Number: **59-3143300**
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fees Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **J & M ASSOCIATES, INC. 1503 OAK STREET JACKSONVILLE FL 32204**
10. Name and Address of New Registered Agent (81-85): Name (81); Street Address (82); City (84); State (85): **FL**; Zip Code (85)

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: DP	<input type="checkbox"/> DELETE	1.1 TITLE: DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GALAN, DAVID		1.2 NAME:	
STREET ADDRESS: 1703 OAKBREEZE LANE		1.3 STREET ADDRESS:	
CITY-ST-ZIP: JACKSONVILLE BCH FL		1.4 CITY-ST-ZIP:	
TITLE: DS	<input type="checkbox"/> DELETE	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GRIFFITH, MARY PAT		2.2 NAME:	
STREET ADDRESS: 217 EVANS DRIVE		2.3 STREET ADDRESS:	
CITY-ST-ZIP: JACKSONVILLE BCH FL		2.4 CITY-ST-ZIP:	
TITLE: DP	<input type="checkbox"/> DELETE	3.1 TITLE: DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: OBERHEU, JOHN		3.2 NAME:	
STREET ADDRESS: 223 EVANS DR		3.3 STREET ADDRESS:	
CITY-ST-ZIP: JACKSONVILLE BCH FL		3.4 CITY-ST-ZIP:	
TITLE: DS	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: THOMASON, BRUCE		4.2 NAME: Paula Miller	
STREET ADDRESS: 221 EVANS DR		4.3 STREET ADDRESS: 1737 Oakbreeze Lane	
CITY-ST-ZIP: JACKSONVILLE BCH FL		4.4 CITY-ST-ZIP: Jacksonville Beach, FL 32250	
TITLE: DP	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CASE, MEL		5.2 NAME: Dale Hobbs	
STREET ADDRESS: 1742 OAKBREEZE LANE		5.3 STREET ADDRESS: 222 Evans Drive	
CITY-ST-ZIP: JACKSONVILLE BCH FL		5.4 CITY-ST-ZIP: Jacksonville Beach, FL 32250	
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 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: David Galan, President Date: _____ (904) 398-0744 ext 330 Daytime Phone #

CR2E037 (12/95)