


FILE NOW: FILING FEE IS \$61.25

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May 06 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 # N95000004645 (6)
1. Corporation Name
OAK COLONY AT THE VINEYARDS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 98 VINEYARDS BLVD. NAPLES FL 33999	Mailing Address 98 VINEYARDS BLVD. NAPLES FL 341194747
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/29/1995	3a. Date of Last Report 02/27/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0617219	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MORE, DONNA M 98 VINEYARDS BLVD. NAPLES FL 33999				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	FL	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	TOUSSEL, JOHN H JR.	1.2 NAME	
STREET ADDRESS	98 VINEYARDS BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33999	1.4 CITY-ST-ZIP	MARY BETH CLADY
TITLE	VD	2.1 TITLE	TRE
NAME	ORLANDI, MICHAEL E	2.2 NAME	
STREET ADDRESS	98 VINEYARDS BLVD.	2.3 STREET ADDRESS	Kenneth Miller
CITY-ST-ZIP	NAPLES FL 33999	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	ST
NAME	FERGUSON, BEULAH	3.2 NAME	
STREET ADDRESS	98 VINEYARDS BLVD.	3.3 STREET ADDRESS	Dominic Termino
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	MORE, DONNA M.	4.2 NAME	
STREET ADDRESS	98 VINEYARDS BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: *[Signature]* **REQUIRED** 3-27-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0080220

CR2E037 (9/96)