


FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 24 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 33909	Mailing Address 98 VINEYARDS BLVD. NAPLES FL 33999
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3. Date Incorporated or Qualified 09/29/1995	
4. FEI Number 65-0617219	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	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 100 Vineyards Blvd. Suite, Apt. #, etc.	2a. Mailing Address 26 100 Vineyards Blvd. Suite, Apt. #, etc.
22 City & State 23 Naples FL Zip Country 24 34119 25	27 City & State 28 Naples FL Zip Country 29 34119 30

9. Name and Address of Current Registered Agent
**MORE, DONNA M
98 VINEYARDS BLVD.
NAPLES FL 33909**

10. Name and Address of New Registered Agent
81 Name **Property Mgmt. Professionals of SW Fla., Inc.**
82 Street Address (P.O. Box Number is Not Acceptable) **100 Vineyards Blvd.**
83 **Attn: Nancy Winkler**
84 City **Naples** FL 85 Zip Code **34119**

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 *Nancy Winkler* **NANCY WINKLER, PROPERTY MANAGER** DATE **4/6/98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CLARY, MARY B	
STREET ADDRESS	98 VINEYARDS BLVD.	
CITY-ST-ZIP	NAPLES FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MILLER, KENNETH	
STREET ADDRESS	98 VINEYARDS BLVD.	
CITY-ST-ZIP	NAPLES FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	TERMINOLO, DOMINIC	
STREET ADDRESS	98 VINEYARDS BLVD.	
CITY-ST-ZIP	NAPLES 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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Clary, Mary B	
1.3 STREET ADDRESS	152 Spring Lake Circle	
1.4 CITY-ST-ZIP	Naples FL 34119	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Miller, Kenneth	
2.3 STREET ADDRESS	144 Spring Lake Circle	
2.4 CITY-ST-ZIP	Naples FL 34119	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gross, David	
3.3 STREET ADDRESS	140 Spring Lake Circle	
3.4 CITY-ST-ZIP	Naples FL 34119	
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 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 in an attachment with an address.

SIGNATURE: *Nancy Winkler* **4/20/98**

CR2E037 (10/97)