

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 SEP 26 PM 3:15

SECRETARY OF STATE



DOCUMENT # N96000002098 (9)

1. Corporation Name

OAK CREST ESTATES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

38719 EVELYN LANE
ZEPHYRHILLS FL 33540

38719 EVELYN LANE
ZEPHYRHILLS FL 33540-1691

3. Date Incorporated or Qualified
04/17/1996

3a. Date of Last Report
2/3/97

2. Principal Place of Business

2a. Mailing Address

21 38705 EVELYN LANE
Suite, Apt. #, etc.

26 38705 EVELYN LANE
Suite, Apt. #, etc.

4. FEI Number

59-3375527

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

22 City & State

23 ZEPHYRHILLS FL

27 City & State

28 ZEPHYRHILLS FL

24 Zip

33540

25 Country

29 Zip

33540

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, LEONARD H
37837 MERIDIAN AVENUE STE 314
DADE CITY FL 33525

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

600002307066-1

83

-09/29/97--01192--015

84 City

****61.25 FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE

1.1 TITLE Change Addition

NAME PD
MULHOLLAND, DONALD H
STREET ADDRESS 38705 EVELYN LANE
CITY-ST-ZIP ZEPHYRHILLS FL 33540

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE

2.1 TITLE Change Addition

NAME STD
RINALDO, JAMES E
STREET ADDRESS 39701 BAY AVENUE
CITY-ST-ZIP CRYSTAL SPRINGS FL

2.2 NAME STD
2.3 STREET ADDRESS VIOLA MULHOLLAND
38705 EVELYN LANE
2.4 CITY-ST-ZIP ZEPHYRHILLS FL 33540

TITLE DELETE

3.1 TITLE Change Addition

NAME VD
GEBHART, DIETRICH F
STREET ADDRESS 14353 21ST STREET
CITY-ST-ZIP DADE CITY FL 33525

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE

4.1 TITLE Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE

5.1 TITLE Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE

6.1 TITLE Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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.

DONALD MULHOLLAND

CR2E037 (9/96)