

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 18 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000002098 (9)**

1. Corporation Name

**OAK CREST ESTATES ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
<b>38705 EVELYN LANE ZEPHYRHILLS FL 33540</b>	<b>38705 EVELYN LANE ZEPHYRHILLS FL 33540</b>

3. Date Incorporated or Qualified	<b>04/17/1996</b>
4. FEI Number	<b>59-3375527</b>
Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21 <b>6901 Oak Crest Way</b>	27 <b>6901 Oak Crest Way</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 <b>Zephyrhills, FL</b>	28 <b>Zephyrhills, FL</b>
Country	Country
24 <b>33540</b>	29 <b>33540</b>
25 <b>Passo</b>	30 <b>Passo</b>

5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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		DELETED
TITLE	<b>PD</b>	<input checked="" type="checkbox"/>
NAME	<b>MULHOLLAND, DONALD H</b>	
STREET ADDRESS	<b>38705 EVELYN LANE</b>	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL 33540</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/>
NAME	<b>MULHOLLAND, VIOLA</b>	
STREET ADDRESS	<b>38705 EVELYN LANE</b>	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL 33540</b>	
TITLE	<b>VO</b>	<input checked="" type="checkbox"/>
NAME	<b>GEBHART, DIETRICH F</b>	
STREET ADDRESS	<b>14353 21ST STREET</b>	
CITY-ST-ZIP	<b>DADE CITY FL 33525</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>JAMES F. ENGEL</b>		
1.3 STREET ADDRESS	<b>6901 OAK CREST WAY</b>		
1.4 CITY-ST-ZIP	<b>ZEPHYRHILLS, FL. 33540</b>		
2.1 TITLE	<b>Sec'y-Treas.</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	<b>WANDA J. ENGEL</b>		
2.3 STREET ADDRESS	<b>6901 OAK CREST WAY</b>		
2.4 CITY-ST-ZIP	<b>ZEPHYRHILLS, FL. 33540</b>		
3.1 TITLE	<b>VICE-PRES.</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	<b>DONALD H. MULHOLLAND</b>		
3.3 STREET ADDRESS	<b>38705 EVELYN LANE</b>		
3.4 CITY-ST-ZIP	<b>ZEPHYRHILLS, FL. 33540</b>		
4.1 TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	<b>KEN BURGESS</b>		
4.3 STREET ADDRESS	<b>6845 OAK CREST WAY</b>		
4.4 CITY-ST-ZIP	<b>ZEPHYRHILLS, FL. 33540</b>		
5.1 TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	<b>JERRY MILLER</b>		
5.3 STREET ADDRESS	<b>38719 EVELYN LANE</b>		
5.4 CITY-ST-ZIP	<b>ZEPHYRHILLS, FL 33540</b>		
6.1 TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	<b>RICHARD GEBHART</b>		
6.3 STREET ADDRESS	<b>38719 EVELYN LANE</b>		
6.4 CITY-ST-ZIP	<b>ZEPHYRHILLS, FL 33540</b>		

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 on an attachment with an address.

SIGNATURE: *Wanda J. Engel* DATE: **4-10-98** (3) 783-6045  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **WANDA J. ENGEL** Daytime Phone # **0046630**

CR2E037 (10/97)