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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N96000002098

1. Corporation Name

OAK CREST ESTATES ASSOCIATION, INC.

Principal Place of Business

6901 OAK CREST WAY
 ZEPHYRHILLS FL 33540
 US

Mailing Address

6901 OAK CREST WAY
 ZEPHYRHILLS FL 33540
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/17/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3375527

Applied For
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

25 Country

29 Zip

30 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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)

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE Change Addition
 1.2 NAME P. JAMES F ENGEL WAY
 1.3 STREET ADDRESS 6901 OAK CREST ~~ESTATES~~
 1.4 CITY-ST-ZIP ZEPHYRHILLS, FL 33540

TITLE ST DELETE
 NAME ENGEL, WANDA I
 STREET ADDRESS 6901 OAK CREST WAY
 CITY-ST-ZIP ZEPHYRHILLS FL 33540

2.1 TITLE Change Addition
 2.2 NAME ST WANDA I ENGEL
 2.3 STREET ADDRESS 6901 OAK CREST WAY
 2.4 CITY-ST-ZIP ZEPHYRHILLS, FL 33540

TITLE D DELETE
 NAME BURGESS, KEN
 STREET ADDRESS 6845 OAK CREST WAY
 CITY-ST-ZIP ZEPHYRHILLS FL 33540

3.1 TITLE Change Addition
 3.2 NAME D. KEN BURGESS
 3.3 STREET ADDRESS 6845 OAK CREST WAY
 3.4 CITY-ST-ZIP ZEPHYRHILLS, FL 33540

TITLE D DELETE
 NAME MILLER, JERRY
 STREET ADDRESS 38712 EVELYN LANE
 CITY-ST-ZIP ZEPHYRHILLS FL 33540

4.1 TITLE Change Addition
 4.2 NAME D. JERRY MILLER
 4.3 STREET ADDRESS 38712 EVELYN LANE
 4.4 CITY-ST-ZIP ZEPHYRHILLS, FL 33540

TITLE D DELETE
 NAME GEBHARDT, RICHARD
 STREET ADDRESS 38719 EVELYN LANE
 CITY-ST-ZIP ZEPHYRHILLS FL 33540

5.1 TITLE Change Addition
 5.2 NAME D. BRDY SHAGSER
 5.3 STREET ADDRESS 38635 EVELYN LANE
 5.4 CITY-ST-ZIP ZEPHYRHILLS, FL 33540

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME V.P. JERRY HEINZMAN
 6.3 STREET ADDRESS 38634 EVELYN LANE
 6.4 CITY-ST-ZIP ZEPHYRHILLS, FL 33540

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, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99 813-782-6045
 Date Daytime Phone #

CR2F037 (11/98)