


FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002681 (2)**  
1. Corporation Name

**OAKLAND POINTE HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>1051 WINDERLEY PLACE #307 MAITLAND FL 32751</b>	Mailing Address <b>1051 WINDERLEY PLACE #307 MAITLAND FL 32751-7296</b>
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2. Principal Place of Business <b>21 2180 W SR 434</b> Suite, Apt. #, etc. <b>22 SUITE 5000</b> City & State <b>23 LONGWOOD FL</b> Zip <b>24 32779</b>		2a. Mailing Address <b>26 2180 W SR 434</b> Suite, Apt. #, etc. <b>27 SUITE 5000</b> City & State <b>28 LONGWOOD FL</b> Zip <b>29 32779</b>		3. Date Incorporated or Qualified <b>05/10/1996</b>		3a. Date of Last Report	
				4. FEI Number <b>59-3425397</b>		Applied For <input type="checkbox"/> Not Applicable	
				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>	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>GALLIMORE, ELLSWORTH G 1051 WINDERLEY PLACE #307 MAITLAND FL 32751</b>				10. Name and Address of New Registered Agent <b>81 Name JAMES W HART JR</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 2180 W SR 434</b> <b>83 SUITE 5000</b> <b>84 City LONGWOOD FL 85 Zip Code 32779</b>			
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE **7/1/97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GALLIMORE, ELLSWORTH G			1.2 NAME			
STREET ADDRESS	1921 BENHURST PLACE			1.3 STREET ADDRESS	1051 WINDERLEY PLACE #307		
CITY-ST-ZIP	MAITLAND FL 32751			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GALLIMORE, SHIRLEY P			2.2 NAME			
STREET ADDRESS	1921 BENHURST PLACE			2.3 STREET ADDRESS	1051 WINDERLEY PLACE #307		
CITY-ST-ZIP	MAITLAND FL 32751			2.4 CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WARD, LOUISE A			3.2 NAME			
STREET ADDRESS	200 ST. ANDREWS BLVD. NO. 2902			3.3 STREET ADDRESS	1051 WINDERLEY PLACE #307		
CITY-ST-ZIP	WINTER PARK FL 32792			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 \_\_\_\_\_

CR2E037 (9/96)