FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000071238**1. Corporation Name

OAKS PRESERVE REALTY, INC.

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90178 019 ***150.00



Principal Place of Business		Mailing Address			'	- I 1881; EDI (10 1818) (Sitt BENT BENT BENT 1880) (1818 11805 JUST 1810)				
7120 S BENEVA RD		7120 S BENEVA RD			ļ					
SARASOTA FL 34238-2850		SARASOTA FL 34238-2850								
					DO NOT WRITE IN THIS SPACE					
					J -	ricorporated or Qualifed 4/1998				
2. Principal Place of Business		2a. Mailing Address		4. FELN		Q	A	pried For		
21		26		62	-09586Z	_ 0		ot Applicable		
Suite, Act. #, etc.		Suite, Apt. #, etc.			5 Certifo	ate of Status Desired			A Iditional	
22		27						Fee R	ec _i uired	
City & State		City & State				on Campaign Financing		•	May Be	
23		28			Trust	Fund Contribution		Added	tc Fees	
Zip	Country	Zip Cour		У	l l	corporation owes the curr	rent year⊸r		,_,.	
24	25 29 30		<u> </u>			r al Property Tax.		Yes	□No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent										
CUE	BOY DICHARD C		8	Name	+eshki	n, Jahni	K .			
	RRY, RICHARD G	T 000	82	Street	Audres (P.O. Bo	Number is Net Accept	able)			
1665 PALM BEACH LAKES BLVD, STE		ב פטט			1200.5	penevu r	\mathcal{C}			
WES	T PALM BEACH FL 33401		83	3						
			84	City	\			85 .Zip	Code o C	
				, ,	7921450H	1	<u> </u>	<u>- L</u> 5	8C04	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 a	m familiar with, and a popt the obligat	ons of, Section 607.0505, Florida	Statute	S. A	7 ±	anddors, r nordby dood	الم ال	00		
SIGNATUE		JOAN	R.Y	esn	KN	C	1/2//	29		
	Signature, based or printed name of registered agen			nt signature	req iired when reinstating		DATE	NO DIDECT	222 114 42	
12.	OFFICERS ANI		13.			ONS/CHANGES TO OF	FICERS A	Change	THAddition	
TITLE	D	☐ DELETE	1.1 TITLE		7/0			Change	La Addition	
NAME	PESHKIN, JOHN R		1.2 NAME						ľ	
STREET ADDRESS	7120 S BENEVA RD	i i		ET ADDRESS	5				i	
CITY-ST-ZIP	SARASOTA FL 34238-2850		1.4 CITY-	ST-ZIP		· — - · · · · ·		Change	Addition	
TITLE	D	☐ DELETE	2.1 TITLE		T/D			[_] Change	Addition	
NAME	CLAYTON, KATHRYN B		2.2 NAME							
STREET ADDRESS	7120 S BENEVA RD	ı	2.3 STREE		;}					
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP	100				- Colored	
TITLE		☐ DELETE	31 TITLE		インシー	huld T		Change	Addition	
NAME			3.2 NAME		F 1217 7	Beneva P	d.			
STREET ADDR ESS			3.3 STREE	ET ADDRESS	1120 5	Dencon P	ファビ			
CITY-ST-ZIP			3.4, CITY-	ST-ZIP	Juruso	ta, FL 34	600	[7.0]::	D addisi	
TITLE		☐ DELETE	4.1 TITLE			•		Change	☐ Addition	
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STRE	ET ADDRESS	3					
CITY-ST-ZIP			4.4 CITY-	ST-ZIP						
TITLE		☐ DELETE	5.1 TITLE		1			Change	☐ Addition	
NAME			5.2 NAME							
STREET ADDRESS		•	5.3 STRE	ET ADDRESS	3					
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	<u> </u>					
TITLE		☐ DELETE	6.1 TITLE					Change	☐ Addition	
NAME			62 NAME							
STREET ADDRESS			6.3 STRE	ET ADDRESS	3				[
			C 4 CITY	OT 710	1					

14. I here by 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNS URE AND TYPED OF PRINTED NAME OF SIGNING OFFICE OF OR DIRECTOR

420/99 941-937-0999

CR2E034 (11/98)