

FILE NOW: FILING FEE IS \$61.25



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

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**

DOCUMENT # **N94000005906 (2)**

1. Corporation Name

OAK HOLLOW HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address		
639 LADY LYNN COURT OVIDEO FL 32765 US	P.O. BOX 620821 OVIDEO FL 32762-0821 US		
2. Principal Place of Business <b>21 664 Kelly Green</b>	2a. Mailing Address <b>26 Suite, Apt. #, etc.</b>		
City & State <b>22 Ovideo FL</b>	27 City & State <b>28 Zip</b>		
Zip <b>24 32765</b>	Country <b>25 US</b>	Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent		
RUSSELL, ANNE H 185 W SR 434 WINTER SPRINGS FL 32807	81 Name <b>Joseph A. BAGOSY</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>664 Kelly Green</b>	83
	84 City <b>Ovideo</b>	85 FL	Zip Code <b>32765</b>

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: *Joseph A. BAGOSY*

FILED  
Mar 25 1997 8:00am  
Secretary of State



12. OFFICERS AND DIRECTORS	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joseph A. BAGOSY, President* Date *2/28/97* Daytime Phone # *407 825-6758*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER AS OFFICER OR DIRECTOR

CR2E037 (9/96)