

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED
95 MAY -1 PM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 750864 (1)
1. Corporation Name
OAKWOOD VILLAGE CONDOMINIUM, INC.

Principal Place of Business Mailing Address
13122 E. HWY. 25 13122 E. HWY. 25
P.O. BOX 520 P.O. BOX 520
OKLAWAHA FL 32179 OKLAWAHA FL 32179

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 13122 E HWY 25 26 P.O. BOX 1175
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 OKLAWAHA FL 28 OKLAWAHA FL
24 Zip 25 Country 29 Zip 30 Country
32179 32179

3. Date Incorporated or Qualified 3a. Date of Last Report
01/31/1980 01/28/1994
4. FEI Number Applied For
59-2105352 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
LITT, GORDON H.
S. SIDE C25
P.O. BOX 520
OKLAWAHA FL 32679
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 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 am familiar with, and accept the obligations of, Section 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITT, GORDON H.	1.2 NAME	
STREET ADDRESS	13122 E. HWY. 25	1.3 STREET ADDRESS	
CITY - ST - ZIP	OKLAWAHA FL	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARMER, PAT	2.2 NAME	
STREET ADDRESS	2203 HIDDEN POND RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	PLANT CITY FL	2.4 CITY - ST - ZIP	
TITLE	VT	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELONG, JOHN	3.2 NAME	
STREET ADDRESS	601 E CAOLINA AVE	3.3 STREET ADDRESS	DIRECTOR JANOWSKI, JAMES 316 VELMA DR LARGO, FL 33540
CITY - ST - ZIP	PLANT CITY FL	3.4 CITY - ST - ZIP	
TITLE	P	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKINSON, GARY	4.2 NAME	
STREET ADDRESS	113 JOSHUA CT	4.3 STREET ADDRESS	
CITY - ST - ZIP	AUBURNDALE FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONEILL, WYATT	5.2 NAME	
STREET ADDRESS	4234 PT LA VISTA RD	5.3 STREET ADDRESS	DIRECTOR MEDICH, GEORGE 11508 RIVER COUNTRY DRIVE RIVERVIEW, FL 33569
CITY - ST - ZIP	JACKSONVILLE FL	5.4 CITY - ST - ZIP	
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: GARY DICKINSON 4/24/95 813-782-1591 x283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in block #)