

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750864

FILED
Mar 30, 2005
Secretary of State

Entity Name: OAKWOOD VILLAGE CONDOMINIUM, INC.

Current Principal Place of Business:

13122 E HWY 25
OKLAWAHA, FL 32179 US

New Principal Place of Business:

Current Mailing Address:

316 VELMA DR
LARGO, FL 33770 US

New Mailing Address:

FEI Number: 59-2105352 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JANOWSKI, JAMES M
316 VELMA DR
LARGO, FL 33770 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HAM, RAYMOND
Address: 5243 NW 82 CT
City-St-Zip: OCALA, FL 34482

Title: SD () Delete
Name: DELONG, BETTY
Address: 601 E CAROLINA AVE.
City-St-Zip: PLANT CITY, FL 33566

Title: VPD () Delete
Name: GALLOWAY, JIM
Address: 13122 E HWY 25 #5
City-St-Zip: OKLAWAHA, FL 32179 US

Title: TD () Delete
Name: FARMER, PAT
Address: 12495 SUNSET HARBOR RD
City-St-Zip: WEIRSDALE, FL 32195

Title: D () Delete
Name: SWITZER, GLEN
Address: 2752 SE 31
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HAM, RAYMOND
Address: 5243 NW 82 CT
City-St-Zip: OCALA, FL 34482

Title: SD (X) Change () Addition
Name: CUNNINGHAM, WILLIAM
Address: 506 NE 10TH AVE
City-St-Zip: OCALA, FL 34470

Title: PD (X) Change () Addition
Name: GALLOWAY, JIM
Address: 13122 E HWY 25 #5
City-St-Zip: OKLAWAHA, FL 32179 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: SWITZER, GLEN
Address: 2752 SE 31
City-St-Zip: OCALA, FL 34471

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES GALLOWAY

PD

03/30/2005

Electronic Signature of Signing Officer or Director

_____ Date