

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jul 02 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 750864 (1)**

1. Corporation Name  
**OAKWOOD VILLAGE CONDOMINIUM, INC.**



Principal Place of Business <b>13122 E HWY 25 OKLAWAHA FL 32179 US</b>	Mailing Address <b>PO BOX 1175 OKLAWAHA FL 32179 US</b>
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3. Date Incorporated or Qualified <b>01/31/1980</b>	
4. FEI Number <b>59-2105352</b>	Applied For <input type="checkbox"/> Yes <input checked="" 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>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**9. Name and Address of Current Registered Agent**

**LITT, GORDON H.  
S. SIDE C25  
P.O. BOX 520  
OKLAWAHA FL 32879**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD KNOBLOCK, VICTOR	<input type="checkbox"/> DELETE	1.1 TITLE
NAME	2233 SE 5TH ST		1.2 NAME
STREET ADDRESS	OCALA FL		1.3 STREET ADDRESS
CITY-ST-ZIP			1.4 CITY-ST-ZIP
TITLE	SD LITT, JUDY	<input type="checkbox"/> DELETE	2.1 TITLE
NAME	13122 E HWY 25 P O BOX 520		2.2 NAME
STREET ADDRESS	OKLAWAHA FL		2.3 STREET ADDRESS
CITY-ST-ZIP			2.4 CITY-ST-ZIP
TITLE	D DELONG, BETTY	<input checked="" type="checkbox"/> DELETE	3.1 TITLE
NAME	601 E CAROLINA AVENUE		3.2 NAME
STREET ADDRESS	PLANT CITY FL		3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE	PD KEENE, PEGGY	<input checked="" type="checkbox"/> DELETE	4.1 TITLE
NAME	427 S 9TH ST		4.2 NAME
STREET ADDRESS	LEESBURG FL		4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE	TD JOHNSTON, ANNE E	<input type="checkbox"/> DELETE	5.1 TITLE
NAME	13190 YELLOW BLUFF RD		5.2 NAME
STREET ADDRESS	JACKSONVILLE FL		5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

<b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b> <input type="checkbox"/>
<b>Change</b> <input type="checkbox"/> <b>Addition</b> <input checked="" type="checkbox"/>
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<b>Change</b> <input type="checkbox"/> <b>Addition</b> <input type="checkbox"/>

14. I 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 \_\_\_\_\_ **ANN E. JOHNSTON, DIR.**  
613108 904-757-7099

CR2E037 (10/97)