

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Candice B. Mathern  
Secretary of State  
DIVISION OF CORPORATIONS

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 757473 (4)**  
1. Corporation Name  
**OAKWOOD VILLAS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**100 VOSS CT. SEBRING FL 33870**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/09/1981</b>	3a. Date of Last Report <b>03/22/1994</b>
4. FEI Number <b>59-2164488</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
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 <b>HALL, EVA I. 100 VOSS CT. SEBRING FL 33870</b>		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>FL</b>	<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>BOONE, MONTE W.</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>109 OAK KNOLLS CIRCLE</b>	CITY-ST-ZIP <b>SEBRING FL</b>	1.2 NAME	<b>RESIGNED</b>
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE <b>VD</b>	NAME <b>GARDNER, JACK A.</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>324 SPRING LAKE BV</b>	CITY-ST-ZIP <b>SEBRING, FL 00000</b>	2.2 NAME	<b>PD GARDNER, JACK A</b>
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE <b>STD</b>	NAME <b>HALL, EVA I.</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>100 VOSS CT.</b>	CITY-ST-ZIP <b>SEBRING FL</b>	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	<b>VD GRANZOW, CARL</b>
		4.3 STREET ADDRESS	<b>107 VOSS CT.</b>
		4.4 CITY-ST-ZIP	<b>SEBRING, FL 33870</b>
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
		6.3 STREET ADDRESS	
		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 110.07(3)(4), 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 the 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: *Eva I. Hall* **2/22/95** **813-655-1003**  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR (Date) Telephone Number