FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 04 1997 8:00am

Secretary of State

2/24/97 941-655-1003

Dadime Phone # 0054283

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE:

757473

(4)

OAKWOOD VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Malling Address								
100 VOSS CT. 100 VOSS CT. SEBRING FL 33870 SEBRING FL 33870-6022								
					3. Date Incorporated or Qualified 04/09/1981	3a. Date of L 03/1	ast Report 4/1996	
2. Principal Pl. 21	ace of Business	2a. Mailing Address 26			4. FEI Number 59-2164488	-	Applied For Not Applicable	
Suite, Apt. (#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional ee Required	
City & State	•	City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be	
Zip	Country	Zip	Countr	У	8. This corporation has liability for i		der s. 199.032,	
24	25 9. Name and Address of Curre	29] ent Registered Agent	[30]		Florida Statutes 10. Name and Address of New Reg	Yes No		
			81	Name	10. Hallo and Pacings Of Hoth Ho	hetered Agent		
HALL, E	VA I.		-	Charact			<u></u>	
100 VOS			82	Street Ad	ddress (P.O. Box Number is Not Acceptab	le)		
SEBRING FL 33870			83					
			84	City		 85	Zip Code	
				,		PL I	•	
11. Pursuant to office or re	o the provisions of Sections 617.05 egistered agent, or both, in the Stat	02 and 617.1508, Florida Statut e of Florida, Such change was:	tes, the abov authorized b	e-named c	orporation submits this statement for the poration's board of directors. I hereby accep	urpose of chang	jing its registered	
agent Lar	n familiar with, and accept the obli-	gations of, Section 617.0503, Flo	orida Statute	s.	·		,	
SIGNATURE _	Signature, typed or printed name of registered ag	port and the if any links AMO	(F 6-11-1-2 t		equired when reinstating)			
12.		ND DIRECTORS	13.	ent signature re	ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIREC	CTORS IN 12	
TITLE	VD	☐ DELETE	1.1 TITLE	····	ADDITIONS/GRANGES TO OFFICE	Ch		
NAME	GRANZOW, CARL		1.2 NAME					
STREET ADDRESS	107 VOSS CT.		1.3 STREE	ADDRESS	•			
CITY-ST-ZIP	SEBRING FL		1,4 CITY-					
TITLE	PD	DELETE	2.1 TITLE		1	☐ Chi	ange Addition	
NAME	GARDNER, JACK A		2.2 NAME					
STREET ADDRESS	324 SPRING LAKE BV		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	SEBRING, FL 00000		2. 4 CITY-	ST-ZIP				
TITLE	STD	☐ DELETE	3.1 TITLE			☐ Ch	ange Addition	
NAME	HALL, EVA I.		3.2 NAME					
STREET ADDRESS	100 VOSS CT.		3.3 STREE	f ADDRESS				
CITY-SI-ZIP	SEBRING FL	TI DELETE	3.4. CITY-	ST-ZIP				
TITLE		DELETE	4.1 TITLE			☐ Cha	ange Addition	
NAME STREET ADDRESS			4. 2 NAME					
				ADDRESS				
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY - 5.1 TITLE	51-214		☐ Cha	ange Addition	
NAME			5.1 MAME				arige [] Adoltion	
STREET ADDRESS			53 STREET	ADDRESS				
CITY-ST-ZIP			5.4 C/TY-1					
TITLE		DELETE	61 TITLE	-	······································	☐ Chá	ange Addition	
NAME			62 NAME				-	
STREET ADDRESS			6.3 STAEET	ADDRESS				
CITY-ST-ZIP			6.4 CITY-5					
14. I do hereby	y certify that the information supplied indicated on this appual report of	and with this filling does not qualify	fy for the exe	mption sta	ted in Section 119.07(3)(i), Florida Statutes hat my signature shall have the same legal	. I further certify	that the	
l am an off appears in	icer or director of the corporation of Block 12 or Block 13 if changed, of	it the receiver or trustee empow or on an attachment with an add	vered to exec dress.	cute this rep	port as required by Chapter 617, Florida St	atutes; and that	my name	