

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

03-27-2001 90036 048 ****61.25

DOCUMENT # 757473

1. Entity Name

OAKWOOD VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 100 VOSS CT. SEBRING FL 33870	Mailing Address 100 VOSS CT. SEBRING FL 33870
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2164488	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HALL, EVA I.
100 VOSS CT.
SEBRING FL 33870**

7. Name and Address of New Registered Agent

Name **JEANNETTE GILLETTE**

Street Address (P.O. Box Number is Not Acceptable)
113 VOSS CT.

City **SEBRING** FL **33876-6022**

8. 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 *Jeannette E. Gillette* (**JEANNETTE E. GILLETTE**) **4-5-01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANZOW, CARL		NAME		
STREET ADDRESS	107 VOSS CT.		STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, JACK A		NAME		
STREET ADDRESS	324 SPRING LAKE BV		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 00000		CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	STD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALL, EVA I.		NAME	JEANNETTE GILLETTE	
STREET ADDRESS	100 VOSS CT.		STREET ADDRESS	113 VOSS CT.	
CITY-ST-ZIP	SEBRING FL		CITY-ST-ZIP	SEBRING, FLA 33876-6022	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORN, JOHN		NAME		
STREET ADDRESS	101 VOSS CT		STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL 33870		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Jeannette E. Gillette* (**JEANNETTE E. GILLETTE**) **4-5-01** **863-655-1186**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/00)