

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

0082970

DOCUMENT # 757473

1. Entity Name

OAKWOOD VILLAS HOMEOWNERS ASSOCIATION, INC.

04-09-2002 90013 030 ****61.25

Principal Place of Business

Mailing Address

**100 VOSS CT.
 SEBRING FL 33870**

**100 VOSS CT.
 SEBRING FL 33870**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2164488

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GILLETTE, JEANETTE
 113 VOSS CT.
 SEBRING FL 33876**

Name

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

City

FL

Zip Code

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 _____ DATE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
NAME	GRANZOW, CARL	
STREET ADDRESS	107 VOSS CT.	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GARDNER, JACK A	
STREET ADDRESS	324 SPRING LAKE BV	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GILLETTE, JEANNETTE	
STREET ADDRESS	13 VOSS CT	
CITY-ST-ZIP	SEBRING FL 33876	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HORN, JOHN	
STREET ADDRESS	101 VOSS CT	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 Gillette*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-02 *863-655-4185*
 Date Daytime Phone #

CR2E037 (9/01)