

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90167 034 ****61.25

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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**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
NAME **GARDNER, JACK A**
STREET ADDRESS **324 SPRING LAKE BV**
CITY-ST-ZIP **SEBRING FL 33870 33876**

TITLE **VD** Change Addition
NAME **EVA HALL**
STREET ADDRESS **100 VOSS CT.**
CITY-ST-ZIP **SEBRING FL 33876**

TITLE **STD** Delete
NAME **GILLETTE, JEANNETTE**
STREET ADDRESS **13 VOSS CT**
CITY-ST-ZIP **SEBRING FL 33876**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** Delete
NAME **HORN, JOHN**
STREET ADDRESS **101 VOSS CT**
CITY-ST-ZIP **SEBRING FL 33870 33876**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** Delete
NAME **EVA HALL**
STREET ADDRESS **100 VOSS CT.**
CITY-ST-ZIP **SEBRING FL 33876**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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)(l), 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: SIGNATURE REQUIRED JEANETTE GILLETTE 7-9-03

CR2E037 (4/03)