


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90084 031 ****61.25

DOCUMENT # N32409			
1. Entity Name OAKWOOD VILLAGE HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 4155 N. STEWART WAY BEVERLY HILLS FL 34464-0605 US		Mailing Address P.O. BOX 640605 BEVERLY HILLS FL 34465-0605 US	
2. Principal Place of Business 4344 N. LINCOLN AVE		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BEVERLY HILLS, FL		City & State	
Zip 34465	Country USA	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-2951636		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 REITHMILLER, LOUIS 4155 N. STEWART WAY BEVERLY HILLS FL 34465		7. Name and Address of New Registered Agent Name PHYLLIS JODIS Street Address (P.O. Box Number is Not Acceptable) 4344 N. LINCOLN AVE City BEVERLY HILLS FL Zip Code 34465	
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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 *Phyllis Jodis* DATE 1/25/04
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
Due By May 1, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP	P PETERSON, IRVIN L 882 W. COLBERT CT. BEVERLY HILLS FL 34465 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT THOMAS D'ONOFRIO 581 W. GARBO LN. BEVERLY HILLS FL 34465 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NIEVINSKI, GENE 867 W. SUNSET STRIP DR. BEVERLY HILLS FL 34465 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ANN PANASIK 623 W. GARBO LN. BEVERLY HILLS, FL 34465 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KINTER, THELMA 4208 N. STANWYCK TERR. BEVERLY HILLS FL 34465 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REITHMILLER, LOUIS 4155 N. STEWART WAY BEVERLY HILLS FL 34465 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER PHYLLIS JODIS 4344 N. LINCOLN AVE. BEVERLY HILLS, FL 34465 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKS, DONALD 578 W. BARRYMORE DR. BEVERLY HILLS FL 34465 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JOSEPH GOLLER 518 W. BARRYMORE DR. BEVERLY HILLS, FL 34465 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEGASPERI, FRANK 873 W. COLBERT CT. BEVERLY HILLS FL 34465 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JOSEPH SAPRONI 4409 N. BACALL LP. BEVERLY HILLS, FL 34465 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Phyllis Jodis* **PHYLLIS JODIS** DATE 1-26-04 DAYTIME PHONE # 352-746-2788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #