


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90088 043 ****61.25

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DOCUMENT # N32409			
1. Entity Name OAKWOOD VILLAGE HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 623 WEST GARBO LANE BEVERLY HILLS, FL 34465 US		Mailing Address P.O. BOX 640605 BEVERLY HILLS, FL 34465-0605 US	
2. Principal Place of Business 4401 N. RATH RUE PT Suite, Apt. #, etc.		3. Mailing Address PO BOX 640605 Suite, Apt. #, etc.	
City & State Beverly Hills FL		City & State Beverly Hills FL	
Zip 34465 Country US		Zip 34465 Country US	
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 PANASIK, ANNA C 623 WEST GARBO LANE BEVERLY HILLS, FL 34465		7. Name and Address of New Registered Agent Name WILLIAM J WILLIS Street Address (P.O. Box Number is Not Acceptable) 4401 N. RATH RUE PT City Beverly Hills FL Zip Code 34465	
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: WILLIAM J WILLIS		DATE: 3-14-06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 P NAME D'ONOFRIO, THOMAS STREET ADDRESS 581 W. GARBO LANE CITY-ST-ZIP BEVERLY HILLS, FL 34465	<input checked="" type="checkbox"/> Delete	TITLE P NAME PETER PETERSON STREET ADDRESS 882 W COLBERT DR CITY-ST-ZIP BEVERLY HILLS FL 34465	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME PANASIK, ANNA C STREET ADDRESS 623 WEST GARBO LANE CITY-ST-ZIP BEVERLY HILLS, FL 34465	<input checked="" type="checkbox"/> Delete	TITLE VP NAME GEORGE HANIFIN STREET ADDRESS 4219 N. BRYNER PASS CITY-ST-ZIP BEVERLY HILLS FL 34465	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME KINTER, THELMA STREET ADDRESS 4208 N. STANWICK TERR. CITY-ST-ZIP BEVERLY HILLS, FL 34465	<input checked="" type="checkbox"/> Delete	TITLE S NAME SANDY JASHER STREET ADDRESS 4442 N. BACALL LOOP CITY-ST-ZIP BEVERLY HILLS FL 34465	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME KEHOE, MARY STREET ADDRESS 4165 NORTH STEWART CITY-ST-ZIP BEVERLY HILLS, FL 34465	<input checked="" type="checkbox"/> Delete	TITLE T NAME WILLIAM WILLIS STREET ADDRESS 4401 N. RATH RUE PT CITY-ST-ZIP BEVERLY HILLS FL 34465	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME GOLLER, JOSEPH STREET ADDRESS 518 W. BARRYMORE DRIVE CITY-ST-ZIP BEVERLY HILLS, FL 34465	<input checked="" type="checkbox"/> Delete	TITLE D NAME DONALD HICKS STREET ADDRESS 578 W. BARRYMORE DR CITY-ST-ZIP BEVERLY HILLS FL 34465	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MINNELLI, FRANK STREET ADDRESS 4382 NORTH BACALL LOOP CITY-ST-ZIP BEVERLY HILLS, FL 34465	<input checked="" type="checkbox"/> Delete	TITLE D NAME LOUISE HENKEL STREET ADDRESS 4205 N. MAC WEST DR CITY-ST-ZIP BEVERLY HILLS FL 34465	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: WILLIAM J WILLIS		DATE: 3-14-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 307-270-3390	