

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N32409 (7)
 1. Corporation Name
 OAKWOOD VILLAGE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
~~250 S. PARK AVE. SUITE 300 WINTER PARK FL 32789 US~~
~~250 S. PARK AVE. SUITE 300 WINTER PARK FL 32789 US~~

2. Principal Place of Business 2a. Mailing Address
 21 860 W. SUNSET STRIP DR 26 P.O. BOX 640605
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 City & State 27 BEVERLY HILLS, FL
 23 BEVERLY HILLS, FL 28 BEVERLY HILLS, FL
 Zip Country Zip Country
 24 34465 25 US 29 34464-0605 30 US

3. Date Incorporated or Qualified 05/18/1989 3a. Date of Last Report 04/28/1995
 4. FEI Number 59-2951636 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
 Eshelman Douglas F
 250 S. PARK AVE.
 STE. 300
 WINTER PARK FL 32789

10. Name and Address of New Registered Agent
 81 Name VOIGHT THOMPSON, PRES O.V.H.A.
 82 Street Address (P.O. Box Number is Not Acceptable) 860 W. SUNSET STRIP DRIVE
 83
 84 City BEVERLY HILLS FL 85 Zip Code 34465

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Voight C. Thompson* VOIGHT C. THOMPSON 7-25-96
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, BEN	
STREET ADDRESS	250 S. PARK AVE., STE. 300	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	MYRICK, DAVID	
STREET ADDRESS	250 S. PARK AVE., STE. 300	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	VTS	<input checked="" type="checkbox"/> DELETE
NAME	ESHelman, DOUGLAS F	
STREET ADDRESS	250 S. PARK AVE., STE. 300	
CITY-ST-ZIP	WINTER PARK FL	
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"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VOIGHT THOMPSON	
1.3 STREET ADDRESS	860 W. SUNSET STRIP DRIVE	
1.4 CITY-ST-ZIP	BEVERLY HILLS, FL 34465	
2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ALFRED EPPLEY	
2.3 STREET ADDRESS	4546 N. RONALD TERRACE	
2.4 CITY-ST-ZIP	BEVERLY HILLS, FL 34465	
3.1 TITLE	SECRETARY/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JOHN H. SCHWAN	
3.3 STREET ADDRESS	621 W. BARRYMORE DRIVE	
3.4 CITY-ST-ZIP	BEVERLY HILLS, FL 34465	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MARGARET MASTER	
4.3 STREET ADDRESS	4372 N. MAE WEST WAY	
4.4 CITY-ST-ZIP	BEVERLY HILLS, FL 34465	
5.1 TITLE	DIRECTOR/DEVELOPER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BEN TAYLOR, MORRISON HOMES	
5.3 STREET ADDRESS	P.O. BOX 640-340	
5.4 CITY-ST-ZIP	BEVERLY HILLS, FL 34464-0340	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 7-25-96 (352) 746-6822
 Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (3/96)