

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N32409** (7)  
1. Corporation Name  
**OAKWOOD VILLAGE HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>860 W. SUNSET STRIP DRIVE BEVERLY HILLS FL 34465 US</b>		Mailing Address <b>P.O. BOX 640605 BEVERLY HILLS FL 34464-0605 US</b>	
2. Principal Place of Business 21 <b>331 W. BARRYMORE DR.</b>	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>05/18/1989</b>	3a. Date of Last Report <b>08/01/1996</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>59-2951636</b>	Applied For Not Applicable
City & State 23 <b>BEVERLY HILLS, FL</b>	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip 24 <b>34465</b>	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
25	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>THOMPSON, VOIGHT 860 W SUNSET STRIP DRIVE BEVERLY HILLS FL 34465</b>		10. Name and Address of New Registered Agent 81 Name <b>ALLISON, KING</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>331 W. BARRYMORE DR.</b> 83 84 City <b>BEVERLY HILLS</b> FL 85 Zip Code <b>34465</b>	
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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 **KING ALLISON, PRES** *King Allison, Pres.* February 2, 1997  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P THOMPSON, VOIGHT 860 W. SUNSET STRIP DRIVE BEVERLY HILLS FL</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>P ALLISON, KING 331 W. BARRYMORE DR. BEVERLY HILLS, FL 34465</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V EPPLEY, ALFRED 4546 N RONALD TERRACE BEVERLY HILLS FL</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>S REISMAIT, JOAN 4167 N. AMECHE TER. BEVERLY HILLS, FL 34465</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST SCHWAN, JOHN W 621 W. BARRYMORE DRIVE BEVERLY HILLS FL</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>T SCHWAN, JOHN H <del>BEVERLY HILLS, FL 34465</del> 152 -02/13/97-01044-004</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MASTER, MARGARET 4372 W. BARRYMORE DRIVE BEVERLY HILLS FL</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>D BROWN, TOM P.O. BOX 640-340 BEVERLY HILLS, FL 34465</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TALOR, BEN P.O. BOX 640-340 BEVERLY HILLS FL</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>D MILLER, BRUCE 4334 N. MAE WEST WAY BEVERLY HILLS, FL 34465</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do 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 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: **JOHN W. SCHWAN** *John W. Schwan* February 2, 1997

CR2E037 (9/96)

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