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Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 331 W. BARRYMORE DR. BEVERLY HILLS FL 34465 US	Mailing Address P.O. BOX 640605 BEVERLY HILLS FL 34465-0605 US
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3. Date Incorporated or Qualified 05/18/1989	
4. FEI Number 59-2951636	Applied For <input checked="" type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**ALLISON, KING
331 W. BARRYMORE DR.
BEVERLY HILLS FL 34465**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	ALLISON, KING
STREET ADDRESS	331 W. BARRYMORE DR.
CITY-ST-ZIP	BEVERLY HILLS FL 34465
TITLE	S <input type="checkbox"/> DELETE
NAME	REINHART, JOAN
STREET ADDRESS	4167 N. AMECHE TER.
CITY-ST-ZIP	BEVERLY HILLS FL 34465
TITLE	T <input type="checkbox"/> DELETE
NAME	SCHWAN, JOHN W
STREET ADDRESS	621 W. BARRYMORE DRIVE
CITY-ST-ZIP	BEVERLY HILLS FL 34465
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MASTER, MARGARET
STREET ADDRESS	4372 N. MAE WEST WAY
CITY-ST-ZIP	BEVERLY HILLS FL 34465
TITLE	D <input type="checkbox"/> DELETE
NAME	BROWN, TOM
STREET ADDRESS	P.O. BOX 640-340 N/A
CITY-ST-ZIP	BEVERLY HILLS FL 34464-034
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MILLER, BRUCE
STREET ADDRESS	4334 N. MAE WEST WAY
CITY-ST-ZIP	BEVERLY HILLS FL 34465

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GOLLER, JOSEPH
1.3 STREET ADDRESS	518 W. BARRYMORE DRIVE
1.4 CITY-ST-ZIP	BEVERLY HILLS FL 34465
2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ZUEHL, GENE A.
2.3 STREET ADDRESS	4217 N. STEWART WAY
2.4 CITY-ST-ZIP	BEVERLY HILLS FL 34465
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: *Joan Reinhart* **REINHART, JOAN** 3/20/98 352-527-7064

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