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Feb 22, 1999 8:00 am  
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N32409**

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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2. Principal Place of Business 21 4195 N. Stewart Way Suite, Apt. #, etc. 22 City & State 23 Beverly Hills, FL Zip Country 24 34465 25 Citrus	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	3. Date Incorporated or Qualified - 05/18/1989	4. FEI Number 59-2951636 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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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  
Mannion, Marie  
82 Street Address (P.O. Box Number is Not Acceptable)  
4195 N. Stewart Way  
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 Marie Mannion *Marie Mannion* 352-746-5908  
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	P	<input checked="" type="checkbox"/> DELETE
NAME	ALLISON, KING	
STREET ADDRESS	331 W. BARRYMORE DR.	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE	S	<input checked="" 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 type="checkbox"/> DELETE
NAME	GOLLER, JOSEPH	
STREET ADDRESS	518 W BARRYMORE DR	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE	D	<input checked="" 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	ZUELCH, GENE A	
STREET ADDRESS	4217 NW STEWART WAY	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mannion, Marie	
1.3 STREET ADDRESS	4195 N. Stewart Way	
1.4 CITY-ST-ZIP	Beverly Hills, FL 34465	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	William Jennings	
2.3 STREET ADDRESS	4244 N. Lincoln	
2.4 CITY-ST-ZIP	Beverly Hills, FL 34465	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D'Onofrio, Thomas	
5.3 STREET ADDRESS	581 Garbo	
5.4 CITY-ST-ZIP	Beverly Hills, FL 34465	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D'Adamo, Anthony	
6.3 STREET ADDRESS	4251 N. Stewart Way	
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, with all other like empowered.

SIGNATURE: Marie Mannion *Marie Mannion* 352-746-5908  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (1/98)