

DOCUMENT # N32409

1. Entity Name

OAKWOOD VILLAGE HOMEOWNERS' ASSOCIATION, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

01-19-2000 90281 023 ****61.25

Principal Place of Business
4195 N STEWART WAY
BEVERLY HILLS FL 34465
US

Mailing Address
P.O. BOX 640605
BEVERLY HILLS FL 34464-0605
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
581 W. GARBO LANE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2951636
Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MANNION, MARIE
4195 N STEWART WAY
BEVERLY HILLS FL 34465

7. Name and Address of New Registered Agent
Name RITA WECKESSER, EA
Street Address (P.O. Box Number is Not Acceptable)
10 N MELBOURNE STREET
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.

SIGNATURE [Signature] Rita Weckesser EA 3/25/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P MANNION, MARIE
NAME MANNION, MARIE
STREET ADDRESS 4195 N STEWART WAY
CITY-ST-ZIP BEVERLY HILLS FL 34465

TITLE P D'ONOFRIO, THOMAS
NAME D'ONOFRIO, THOMAS
STREET ADDRESS 581 GARBO LANE
CITY-ST-ZIP BEVERLY HILLS, FL 34465

TITLE S JENNINGS, WILLIAM
NAME JENNINGS, WILLIAM
STREET ADDRESS 4244 N LINCOLN
CITY-ST-ZIP BEVERLY HILLS FL 34465

TITLE V D'ADAMO, ANTHONY
NAME D'ADAMO, ANTHONY
STREET ADDRESS 4251 STEWART WAY
CITY-ST-ZIP BEVERLY HILLS, FL 34465

TITLE T SCHWAN, JOHN W
NAME SCHWAN, JOHN W
STREET ADDRESS 621 W. BARRYMORE DRIVE
CITY-ST-ZIP BEVERLY HILLS FL 34465

TITLE S ANN PANASIK
NAME ANN PANASIK
STREET ADDRESS 623 GARBO LANE
CITY-ST-ZIP BEVERLY HILLS, FL 34465

TITLE D GOLLER, JOSEPH
NAME GOLLER, JOSEPH
STREET ADDRESS 518 W BARRYMORE DR
CITY-ST-ZIP BEVERLY HILLS FL 34465

TITLE D FLORENCE ULMER
NAME FLORENCE ULMER
STREET ADDRESS 585 W. BARRYMORE DRIVE
CITY-ST-ZIP BEVERLY HILLS, FL 34465

TITLE D D'ONOFRIO, THOMAS
NAME D'ONOFRIO, THOMAS
STREET ADDRESS 581 GARBO
CITY-ST-ZIP BEVERLY HILLS FL 34465

TITLE D IRVIN PETERSON
NAME IRVIN PETERSON
STREET ADDRESS 882 W. COLBERT COURT

TITLE D O'ADAMO, ANTHONY
NAME O'ADAMO, ANTHONY
STREET ADDRESS 4251 STEWART WAY
CITY-ST-ZIP BEVERLY HILLS FL 34465

12. 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 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: [Signature] 01-14-00 (352) 746-6822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)