

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90012 028 \*\*\*\*61.25

0078449

**DOCUMENT # N32409**

1. Entity Name

**OAKWOOD VILLAGE HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

~~581 W GARBO LANE~~ **621 W Barrymore** ~~PO BOX 640605~~  
 BEVERLY HILLS FL 34465 BEVERLY HILLS FL 34465-0605  
 US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**621 W. BARRYMORE DR.**

3. Mailing Address

**PO BOX 640605**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Beverly Hills, FL**

City & State

**Beverly Hills, FL**

4. FEI Number

**59-2951636**

Applied For

Not Applicable

Zip

**34465**

Country

**US**

Zip

**34465**

Country

**US**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

**JOHN H SCHWAN**

Street Address (P.O. Box Number is Not Acceptable)

**621 W. BARRYMORE DR**

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

*John H Schwan*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**01-07-001**

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	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MANNION, MARIE</b>	
STREET ADDRESS	<b>4195 N STEWART WAY</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS FL 34465</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JENNINGS, WILLIAM</b>	
STREET ADDRESS	<b>4244 N LINCOLN</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS FL 34465</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>SCHWAN, JOHN W</b>	
STREET ADDRESS	<b>621 W. BARRYMORE DRIVE</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS FL 34465</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GOLLER, JOSEPH</b>	
STREET ADDRESS	<b>518 W BARRYMORE DR</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS FL 34465</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>D'ONOFRIO, THOMAS</b>	
STREET ADDRESS	<b>581 GARBO</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS FL 34465</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>D'ADAMO, ANTHONY</b>	
STREET ADDRESS	<b>4251 STEWART WAY</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS FL 34465</b>	

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDROVICH, JOSEPH</b>	
STREET ADDRESS	<b>4291 N. LINCOLN</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS, FL 34465</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COFFEN, VIRGINIA</b>	
STREET ADDRESS	<b>626 W BARRYMORE DR</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS, FL 34465</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZUELCH, EUGENE</b>	
STREET ADDRESS	<b>4217 N STEWART</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS, FL 34465</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PETERSON, IRWIN</b>	
STREET ADDRESS	<b>882 W COLBERT CT</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS, FL 34465</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ULMER, FLORENCE</b>	
STREET ADDRESS	<b>585 W BARRYMORE DR</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS, FL 34465</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*John H Schwan*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOHN H. SCHWAN, TREAS. (352) 746-6822**

Date

Daytime Phone #

CR2E037 (10/00)