

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90123 020 \*\*\*\*61.25

**DOCUMENT # N32409**  
1. Entity Name  
**OAKWOOD VILLAGE HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**621 W BARRYMORE DR  
BEVERLY HILLS FL 34465  
US**

Mailing Address  
**P.O. BOX 640605  
BEVERLY HILLS FL 34465-0605  
US**

JUL 10 2003



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**4155 N. STEWART WAY**

3. Mailing Address  
**P. O. BOX 640605**

Suite, Apt. #, etc.

City & State  
**BEVERLY HILLS, FL**

City & State  
**BEVERLY HILLS, FL**

Zip Country  
**34464-0605 USA**

Zip Country  
**34464-0605 USA**

4. FEI Number **59-2951636**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**SCHWAN, JOHN H  
621 W BARRYMORE DR  
BEVERLY HILLS FL 34465**

7. Name and Address of New Registered Agent

Name  
**LOUIS REITHMILLER**

Street Address (P.O. Box Number is Not Acceptable)  
**4155 N. STEWART WAY**

City  
**BEVERLY HILLS, FL**

Zip Code  
**FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE LOUIS REITHMILLER, TREASURER *Louis J. Reithmiller* 1/27/03

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PANASIK, ANN</b> <b>623 W GARBO</b> <b>BEVERLY HILLS FL 34465</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>SCHWAN, JOHN H</b> <b>621 W BARRYMORE DR</b> <b>BEVERLY HILLS FL 34465</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>SCHWAN, JOHN W</b> <b>621 W. BARRYMORE DRIVE</b> <b>BEVERLY HILLS FL 34465</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>DENNEY, ARTHUR</b> <b>568 W BARRYMORE DRIVE</b> <b>BEVERLY HILLS FL 34465</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PETERSON, IRVIN</b> <b>882 W COLBERT CT</b> <b>BEVERLY HILLS FL 34465</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ULMER, FLORENCE</b> <b>585 W BARRYMORE DR</b> <b>BEVERLY HILLS FL 34465</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PETERSON, IRVIN L.</b> <b>882 W. COLBERT CT.</b> <b>BEVERLY HILLS, FL 34465</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V P</b> <b>NIEVINSKI, GENE</b> <b>867 W. SUNSET STRIP DR.</b> <b>BEVERLY HILLS, FL 34465</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>KINTER, THELMA</b> <b>4208 N. STANWYCK TER.</b> <b>BEVERLY HILLS, FL 34465</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>REITHMILLER, LOUIS</b> <b>4155 N. STEWART WAY</b> <b>BEVERLY HILLS, FL 34465</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HICKS, DONALD</b> <b>578 W. BARRYMORE DR.</b> <b>BEVERLY HILLS, FL 34465</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DEGASPERI, FRANK</b> <b>873 W. COLBERT CT.</b> <b>BEVERLY HILLS, FL 34465</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Irvin L. Peterson* **IRVIN L. PETERSON** 1/25/03 352-746-4412

CR2E037 (10/02)