SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 23, 1999 8:00 am
Secretary of State
07-23-1999 90009 039 ****61.25

DOCUMENT # 721610

1. Corporation Name
OAKWOOD VILLAS CONDOMINIUM OWNER'S ASSOCIATION, INC.

* 5 9 4 8 3 3 - 9 0 0 0 9 - 3 9 *

Principal Place of Business	Mailing Address
5050 LIVE OAK CIRCLE BRADENTON FL 34207	5050 LIVE OAK CIRCLE BRADENTON FL 34207

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/31/1971
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1561468 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

C & S CONDOMINIUM MANAGEMENT SERVICE INC
4301 32ND STREET WEST
STE C7
BRADENTON FL 34205

10. Name and Address of New Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WILLOUGHBY, ANN		1.2 NAME		
STREET ADDRESS	5068 RED OAK PL		1.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		1.4 CITY-ST-ZIP		
TITLE	~~VPD~~	☐ DELETE	2.1 TITLE	Director	☒ Change ☐ Addition
NAME	PEARCE, BILL		2.2 NAME		
STREET ADDRESS	5038 LIVE OAK		2.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		2. 4 CITY-ST-ZIP		
TITLE	~~SD~~	☒ DELETE	3.1 TITLE	Director	☐ Change ☒ Addition
NAME	~~WALKER, KATHY~~		3.2 NAME	Green, Norris	
STREET ADDRESS	~~5022 LIVE OAK~~		3.3 STREET ADDRESS	4932 Live Oak Circle	
CITY-ST-ZIP	~~BRADENTON, FL 00000~~		3.4. CITY-ST-ZIP	Bradenton FL 34207	
TITLE	~~TD~~	☐ DELETE	4.1 TITLE	Secretary Director	☒ Change ☐ Addition
NAME	IMPERATORE, NANCY		4. 2 NAME		
STREET ADDRESS	5046 LIVE OAK CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34207		4.4 CITY-ST-ZIP		
TITLE	~~D~~	☒ DELETE	5.1 TITLE	Vice President Director	☐ Change ☒ Addition
NAME	~~CORLEY, WALTER~~		5.2 NAME	Haley, George	
STREET ADDRESS	~~2711 51 AVE W.~~		5.3 STREET ADDRESS	5040 Live Oak Circle	
CITY-ST-ZIP	~~BRADENTON FL~~		5.4 CITY-ST-ZIP	Bradenton FL 34207	
TITLE	~~D~~	☐ DELETE	6.1 TITLE	Treasurer Director	☒ Change ☐ Addition
NAME	ABBOTT, JL		6.2 NAME		
STREET ADDRESS	5044 LIVE OAK CIRCLE		6.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34207		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: J.L. SIGNATURE REQUIRED 7/13/99 (941) 753 4318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)