2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State
05-16-2000 90062 048 ****61.25

DOCUMENT # 721610

1. Entity Name

OAKWOOD VILLAS CONDOMINIUM OWNER'S ASSOCIATION,

Principal Place of Business	Mailing Address
5050 LIVE OAK CIRCLE BRADENTON FL 34207	5050 LIVE OAK CIRCLE BRADENTON FL 34207-2269

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1561468 ☐ Applied For ☐ Not Applicable

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
C & S CONDOMINIUM MANAGEMENT SERVICE INC 4301 32ND STREET WEST ~~STE 07~~ SUITE A19 BRADENTON FL 34205	Name Street Address (P.O. Box Number is Not Acceptable) # A19 City **FL** Zip Code

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, 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	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WILLOUGHBY, ANN		NAME		
STREET ADDRESS	5068 RED OAK PL		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PEARCE, BILL		NAME		
STREET ADDRESS	5038 LIVE OAK		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		CITY-ST-ZIP		
TITLE	D	☑ Delete	TITLE	D	☐ Change ☑ Addition
NAME	~~GREEN, NORRIS~~		NAME	JUDITH MERCATANTE	
STREET ADDRESS	~~4992 LIVE OAK CIRCLE~~		STREET ADDRESS	5070 WHITE OAK CT	
CITY-ST-ZIP	~~BRADENTON FL 34207~~		CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	IMPERATORE, NANCY		NAME		
STREET ADDRESS	5046 LIVE OAK CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34207		CITY-ST-ZIP		
TITLE	VD	☑ Delete	TITLE	VD	☐ Change ☑ Addition
NAME	~~HALEY, GEORGE~~		NAME	JOHN LANGFORD	
STREET ADDRESS	~~5040 LIVE OAK CIRCLE~~		STREET ADDRESS	5019 LIVE OAK CR	
CITY-ST-ZIP	~~BRADENTON FL 34207~~		CITY-ST-ZIP	BRADENTON, FL 34207	
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ABBOTT, JL		NAME		
STREET ADDRESS	5044 LIVE OAK CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34207		CITY-ST-ZIP		

CR2E037 (9/99)

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: Ann Willoughby ANN WILLOUGHBY 4/28/2000 941-758-9454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Pres. Date Daytime Phone #