FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:07

DOCUMENT # **753821** **(8)**

1. Corporation Name
VILLAGE OF OAKWOOD LAKES, INC.

Principal Place of Business	Mailing Address
~~9743 SILVERLACE LN.~~ BOYNTON BCH. FL 33436	3743 SILVERLACE LN. BOYNTON BCH. FL 33436

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/18/1980
3a. Date of Last Report: 06/14/1994
4. FEI Number: 59-2259270 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 9876 OAKWOOD LAKES DR.	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~SARACH, ALBERT J.~~
3743 SILVERLACE LANE
BOYNTON BEACH FL 33436

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: James R. Merritt JAMES R. MERRITT PRESIDENT DIRECTOR 4-11-95
(Print name of person signing) (Title) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	11 TITLE: TD	TREASURER DIRECTOR ☐ Change ☐ Addition
NAME	LUSSY, WILLIAM LEO	12 NAME	
STREET ADDRESS	3743 SILVERLACE LANE	13 STREET ADDRESS	
CITY ST ZIP	BOYNTON BCH, FL 00000	14 CITY ST ZIP	
TITLE	VP	21 TITLE: VPD	VICE PRESIDENT DIRECTOR ☐ Change ☐ Addition
NAME	~~SARACH, ALBERT J.~~	22 NAME	KATT E, KENNETH
STREET ADDRESS	3743 SILVERLACE LANE	23 STREET ADDRESS	
CITY ST ZIP	BOYNTON BEACH FL	24 CITY ST ZIP	
TITLE	~~SD~~	31 TITLE: PD	PRESIDENT DIRECTOR ☐ Change ☐ Addition
NAME	MERRITT, JIM	32 NAME	
STREET ADDRESS	3743 SILVERLACE LANE	33 STREET ADDRESS	
CITY ST ZIP	BOYNTON BCH. FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	ZINN, MELANIE	42 NAME	
STREET ADDRESS	3743 SILVERLACE LANE	43 STREET ADDRESS	
CITY ST ZIP	BOYNTON BCH. FL	44 CITY ST ZIP	
TITLE		51 TITLE: SD	SECRETARY DIRECTOR ☐ Change ☐ Addition
NAME		52 NAME	GOLDEN, LINDA
STREET ADDRESS		53 STREET ADDRESS	3743 SILVERLACE LANE
CITY ST ZIP		54 CITY ST ZIP	BOYNTON BEACH FL. 33436
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] LINDA GOLDEN - DIRECTOR 4-20-95 401-737-2663
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Telephone Number)

0049882