

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **759115** (9)
1. Corporation Name
OAK VILLAS ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O GORLEY, LOIS
1055-59 6TH AVE B-10
VERO BEACH FL 32960
US

3. Date Incorporated or Qualified **07/13/1981** 3a. Date of Last Report **04/12/1995**
4. FEI Number **59-2522635** 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 c/o Ren Robb
Suite, Apt. #, etc.
22 375 - 20th Avenue
City & State
23 Vero Beach, FL
Zip 24 32960 Country 25 USA
2a. Mailing Address
26 375 - 20th Avenue
Suite, Apt. #, etc.
27
City & State
28 Vero Beach, FL
Zip 29 32960 Country 30 USA

9. Name and Address of Current Registered Agent
GORLEY, LOIS W
1057 6TH AVE.
BLDG, B-10
VERO BCH FL 32960

10. Name and Address of New Registered Agent
81 Name **Cynthia L. Cox**
82 Street Address (P.O. Box Number is Not Acceptable) **1432 - 21st Street, Suite A**
83
84 City **Vero Beach** FL 85 Zip Code **32960**

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 **3/25/96**
Signature typed or printed name of registered agent and title in all caps (NOTE: Registered Agent Signature required when registering)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|--|
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | WOLFORD, ELAINE | |
| STREET ADDRESS | 1057 6TH AVE B5 | |
| CITY-ST-ZIP | VERO BCH FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | PALMER, CARROLL | |
| STREET ADDRESS | 860 20TH PL | |
| CITY-ST-ZIP | VERO BCH. FL | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | GORLEY, LOIS W | |
| STREET ADDRESS | 1057 6TH AVE B10 | |
| CITY-ST-ZIP | VERO BCH. FL | |
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | COX, CYNTHIA | |
| STREET ADDRESS | 1432 21ST STREET | |
| CITY-ST-ZIP | VERO BCH. FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | POSTOLESE, FRED | |
| STREET ADDRESS | 1055 6TH AVE A6 | |
| CITY-ST-ZIP | VERO BCH. FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | ROBB, JR. B | |
| STREET ADDRESS | 4826 WOOD DUCK CIRCLE | |
| CITY-ST-ZIP | VERO BCH. FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|--|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | |
| 31 TITLE | Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 32 NAME | Charles Turlington |
| 33 STREET ADDRESS | 1057-6th Avenue, A-5 |
| 34 CITY-ST-ZIP | Vero Beach, FL 32960 |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | |
| 61 TITLE | Director/Treasurer <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 62 NAME | Ren Robb |
| 63 STREET ADDRESS | 375 - 20th Avenue |
| 64 CITY-ST-ZIP | Vero Beach, FL 32960 |

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)(k), 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: _____ DATE **3/25/96** (407) 302-1930
Signature typed or printed name of signing officer or director Daytime Phone #

CR2E037 (12/95)