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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: C/O REN ROBB, 375-20TH AVENUE, VERO BEACH FL 32960 US
Mailing Address: 375-20TH AVENUE, VERO BEACH FL 32962-2706 US

3. Date Incorporated or Qualified: 07/13/1981
3a. Date of Last Report: 04/02/1996
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 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country
9. Name and Address of Current Registered Agent: COX, CYNTHIA L., 1432 - 21ST STREET, SUITE A, VERO BEACH FL 32960

10. Name and Address of New Registered Agent: 81 Name: REN ROBB; 82 Street Address (P.O. Box Number is Not Acceptable): 375 20TH AVENUE; 83 City: VERO BEACH, FL; 85 Zip Code: 32962

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: [Signature] DATE: 6-28-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	DIRECTOR
NAME	WOLFORD, ELAINE	1.2 NAME	PATRICIA SCHWARTZ
STREET ADDRESS	1057 6TH AVE B5	1.3 STREET ADDRESS	1057 6TH AVE, 9B
CITY-ST-ZIP	VERO BCH FL	1.4 CITY-ST-ZIP	VERO BEACH, FL
TITLE	SD	2.1 TITLE	
NAME	PALMER, CARROLL	2.2 NAME	
STREET ADDRESS	860 20TH PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH. FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	TURLINGTON, CHARLES	3.2 NAME	
STREET ADDRESS	1057-6TH AVENUE A-5	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH. FL	3.4 CITY-ST-ZIP	
TITLE	DP	4.1 TITLE	
NAME	COX, CYNTHIA	4.2 NAME	
STREET ADDRESS	1432 21ST STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH. FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	POSTOLESE, FRED	5.2 NAME	
STREET ADDRESS	1055 6TH AVE A6	5.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH. FL	5.4 CITY-ST-ZIP	
TITLE	DT	6.1 TITLE	
NAME	ROBB, REN	6.2 NAME	
STREET ADDRESS	375-20TH AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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.

CR2E037 (9/96)