


FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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, 975-20TH AVENUE, VERO BEACH FL 32960, US
Mailing Address: 375-20TH AVENUE, VERO BEACH FL 32960, US

3. Date Incorporated or Qualified: 07/13/1981
4. FEI Number: 59-2522635
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a home owners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21. 606 REN ROBB, 22. 606 15TH ST., 23. VERO BEACH, FL, 24. 32960, 25. US
2a. Mailing Address: 26. 375 20TH AVENUE, 27. 606 15TH ST., 28. VERO BEACH, FL, 29. 32960, 30. US

9. Name and Address of Current Registered Agent: REN ROBB, 375 20TH AVE, SUITE A, VERO BCH FL 32962

10. Name and Address of New Registered Agent: 81. Name: REN ROBB, 82. Street Address: 606 15TH STREET, 83. 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D PATRICIA SCHWARTZ	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1057 6TH AVE 9-B	1.2 NAME	
STREET ADDRESS	VERO BCH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD PALMER, CARROLL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900 20TH PL	2.2 NAME	
STREET ADDRESS	VERO BCH. FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D TURLINGTON, CHARLES	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1057-6TH AVENUE A-5	3.2 NAME	
STREET ADDRESS	VERO BCH. FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D POSTOLESE, FRED	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1055 6TH AVE A8	4.2 NAME	
STREET ADDRESS	VERO BCH. FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DT ROBB, REN	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	375-20TH AVENUE 606 15TH ST.	5.2 NAME	
STREET ADDRESS	VERO BEACH FL	5.3 STREET ADDRESS	606 15TH ST
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: _____ 5-9-98 601-564-4759

CR2E037 (1097)