

FILE NOW: FILING FEE IS \$61.25

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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90118 023 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 759115

1. Corporation Name
OAK VILLAS ASSOCIATION, INC.


Principal Place of Business 606 REN ROBB 606 15TH STREET VERO BEACH FL 32960 US	Mailing Address 606 15TH STREET 6 VERO BEACH FL 32960 US
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2. Principal Place of Business 21 60 REN ROBB Suite, Apt. #, etc.	2a. Mailing Address 26 SAME Suite, Apt. #, etc.	3. Date Incorporated or Qualified 07/13/1981
22 PO BOX 3877 City & State	27 City & State	4. FEI Number 59-2522635 Applied For Not Applicable
23 VERO BEACH, FL Zip Country	28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 32964-3877 25 USA	29 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent REN ROBB 606 15TH STREET VERO BCH FL 32960	10. Name and Address of New Registered Agent 81 Name REN ROBB 82 Street Address (P.O. Box Number is Not Acceptable) 83 2720 CARDINAL DR 84 City VERO BEACH FL 85 Zip Code 32903
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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) **3-15-99** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICIA SCHWARTZ	12 NAME	RUS REYNOLDS
STREET ADDRESS	1057 6TH AVE 9-B	13 STREET ADDRESS	1057 6TH AVE 3-B
CITY-ST-ZIP	VERO BCH FL	14 CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	SD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, CARROLL	22 NAME	
STREET ADDRESS	860 20TH PL	23 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH. FL	24 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURLINGTON, CHARLES	32 NAME	
STREET ADDRESS	1057-6TH AVENUE A-5	33 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH. FL	34 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSTOLESE, FRED	42 NAME	
STREET ADDRESS	1055 6TH AVE A6	43 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH. FL	44 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBB, REN	52 NAME	
STREET ADDRESS	606 15TH STREET	53 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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, with all other like empowered.

SIGNATURE:  **REN ROBB** **3-15-99** Date Daytime Phone #

CR2E037 (1/198)