

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 # **N33931 (9)**
1. Corporation Name
OAK VILLA HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
516 504 WINDING OAK LN LONGWOOD FL 32750

Mailing Address
516 504 WINDING OAK LN LONGWOOD FL 32750

3. Date Incorporated or Qualified **08/28/1989** 3a. Date of Last Report **06/19/1995**

4. FEI Number **NOT APPLICABLE** 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 **516 WINDING OAK LN** 2a. Mailing Address **Longwood, FL**
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State
23 **Longwood, FL** 28 **Longwood, FL**

24 Zip **32750** 25 Country **USA** 29 Zip **32750** 30 Country **SEMINOLE**

9. Name and Address of Current Registered Agent
~~MILLER, GARY~~
~~504 WINDING OAK LN~~
~~LONGWOOD FL 32750~~

HAUSER, MICHAEL D
516 WINDING OAK LN
LONGWOOD, FL 32750

10. Name and Address of New Registered Agent
81 Name **Hauser, Michael D**
82 Street Address (P.O. Box Number is Not Acceptable)
~~504~~ **516 Winding Oak Lane**
83 **Longwood FL 32750**
84 City **Longwood** 85 Zip Code **FL 32750**

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 *Tracy L. Chavez* **TRACY L. Chavez V.P. President** **3-8-96** **5-7-96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, GARY	
STREET ADDRESS	504 WINDING OAK LN	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BRINSON, DEBRA	
STREET ADDRESS	472 WINDING OAK LN	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CHAVEZ, TRACY	
STREET ADDRESS	429 WINDING OAK LN	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FELIZ, NELSON	
STREET ADDRESS	536 WINDING OAK LN	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FELIZ, ANN	
STREET ADDRESS	508 WINDING OAK LN	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARTINEZ, AIXA	
STREET ADDRESS	448 WINDING OAK LN	
CITY-ST-ZIP	LONGWOOD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MICHAEL D. HAUSER	
1.3 STREET ADDRESS	516 WINDING OAK LN	
1.4 CITY-ST-ZIP	LONGWOOD, FL 32750	<i>Michael D. Hauser</i>
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GARBARCYK	
3.3 STREET ADDRESS	533 WINDING OAK LN	
3.4 CITY-ST-ZIP	LONGWOOD FL 32750	<i>Ellen Garbarcyk</i>
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D Ann I. Viker	
4.3 STREET ADDRESS	492 Winding Oak Ln	
4.4 CITY-ST-ZIP	Longwood, FL 32750	<i>Ann Viker</i>
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	900001838119	
6.3 STREET ADDRESS	-05/24/96--01027--039	
6.4 CITY-ST-ZIP	***61.25	

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: *Tracy L. Chavez* **TRACY L. Chavez V.P.** **3-8-96** **407-331-0563**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

C2E037 (12/95)