

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

05 APR 12 PM 11:55

DOCUMENT # N42591 (0)
1. Corporation Name
OAKVIEW LAKES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
300 S WASHINGTON AVE #83 FT MEADE FL 33841 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified **03/15/1991** 3a. Date of Last Report **04/14/1994**
4. FEI Number **59-2951321** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**STEDMAN, JIM
300 S WASHINGTON AVE #70
FT MEADE FL 33841**

10. Name and Address of New Registered Agent
81 Name **JERRY MESZAROS**
82 Street Address (P.O. Box Number is Not Acceptable) **300 SOUTH WASHINGTON**
83 #5
84 City **FORT MEADE** 85 Zip Code **FL 33841**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Jerry Meszaros **Jerry Meszaros** **February 23, 1995**
Signature of agent or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	STEDMAN, JIM
STREET ADDRESS	300 S WASHINGTON #70
CITY - ST - ZIP	FT MEADE FL
TITLE	VD
NAME	SEAWATER, CHUCK
STREET ADDRESS	300 S WASHINGTON #45
CITY - ST - ZIP	FT. MEADE FL
TITLE	STD
NAME	TURNER, HELEN
STREET ADDRESS	300 S. WASHINGTON #83
CITY - ST - ZIP	FT MEADE FL
TITLE	D
NAME	LUDWICK, NANCY
STREET ADDRESS	300 S WASHINGTON #81
CITY - ST - ZIP	FT MEADE FL
TITLE	D
NAME	SHOUP, RAY
STREET ADDRESS	300 S WASHINGTON #257
CITY - ST - ZIP	FT MEADE FL
TITLE	D
NAME	GARAVALLA, RON
STREET ADDRESS	300 S WASHINGTON #248
CITY - ST - ZIP	FT MEADE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MESZAROS, JERRY
1.3 STREET ADDRESS	300 SOUTH WASHINGTON #5
1.4 CITY - ST - ZIP	FORT MEADE, FL. 33841
2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DONALD AHL
2.3 STREET ADDRESS	300 SOUTH WASHINGTON #46
2.4 CITY - ST - ZIP	FORT MEADE, FL. 33841
3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BETTY ORR
3.3 STREET ADDRESS	300 SOUTH WASHINGTON #194
3.4 CITY - ST - ZIP	FORT MEADE, FL. 33841
4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HELEN TURNER
4.3 STREET ADDRESS	300 SOUTH WASHINGTON #83
4.4 CITY - ST - ZIP	FORT MEADE, FL. 33841
5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	NANCY LUDWICK
5.3 STREET ADDRESS	300 SOUTH WASHINGTON #81
5.4 CITY - ST - ZIP	FORT MEADE, FL. 33841
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	LORNA COSTIN
6.3 STREET ADDRESS	300 SOUTH WASHINGTON #100
6.4 CITY - ST - ZIP	FORT MEADE, FL. 33841

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 110.07(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: Helen E. Turner, Treas. **Helen E. Turner** **February 23, 1995** **813-285-5253**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #