

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 # 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

3. Date Incorporated or Qualified **03/15/1991** 3a. Date of Last Report **04/12/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-2951321	Applied For	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESZAROS, JERRY	1.2 NAME	MESZAROS, JERRY
STREET ADDRESS	300 SOUTH WASHINGTON #5	1.3 STREET ADDRESS	300 S. WASHINGTON #5
CITY-ST-ZIP	FT MEADE FL	1.4 CITY-ST-ZIP	FT. MEADE, FL.
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AHL, DONALD	2.2 NAME	DOUGLASS, MILLARD
STREET ADDRESS	300 S WASHINGTON #46	2.3 STREET ADDRESS	300 S. WASHINGTON #76
CITY-ST-ZIP	FT. MEADE FL	2.4 CITY-ST-ZIP	FT. MEADE, FL.
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORR, BETTY	3.2 NAME	ORR, BETTY
STREET ADDRESS	300 SOUTH WASHINGTON #194	3.3 STREET ADDRESS	300 S. WASHINGTON #194
CITY-ST-ZIP	FT MEADE FL	3.4 CITY-ST-ZIP	FT. MEADE, FL.
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, HELEN	4.2 NAME	TURNER, HELEN
STREET ADDRESS	300 SOUTH WASHINGTON #83	4.3 STREET ADDRESS	300 S. WASHINGTON #83
CITY-ST-ZIP	FT MEADE FL	4.4 CITY-ST-ZIP	FT. MEADE, FL.
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUDWICK, NANCY	5.2 NAME	BAXTER, MARK
STREET ADDRESS	300 SOUTH WASHINGTON #81	5.3 STREET ADDRESS	300 SOUTH WASHINGTON #104
CITY-ST-ZIP	FT MEADE FL	5.4 CITY-ST-ZIP	FT. MEADE, FL.
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTIN, LORNA	6.2 NAME	COSTIN, LORNA
STREET ADDRESS	300 S WASHINGTON #100	6.3 STREET ADDRESS	300 S. WASHINGTON #100
CITY-ST-ZIP	FT MEADE FL	6.4 CITY-ST-ZIP	FT. MEADE, FL.

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: *Helen E. Turner* Helen E. Turner February 18, 1996 941-285-5253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)