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FILED
Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N42591 (0)
1. Corporation Name
OAKVIEW LAKES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 300 S WASHINGTON AVE #83 FT MEADE FL 33841 US	Mailing Address 300 S WASHINGTON AVE #83 FT MEADE FL 33841 US
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3. Date Incorporated or Qualified 03/15/1991		
4. FEI Number 58-2951321	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**MAKER, ARWYN
300 S WASHINGTON 28
FORT MEADE FL 33841**

10. Name and Address of New Registered Agent
81 Name
Maker, Arwyn
82 Street Address (P.O. Box Number is Not Acceptable)
300 South Washington #28
83
84 City **Fort Meade** **FL** 85 Zip Code **33841**

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 *Arwyn Maker* DATE *Mar 26, 1998*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEAWATER, CHARLES 300 S WASHINGTON 45 FT MEADE FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOUGLAS, MILLARD 300 S WASHINGTON, #76 FT. MEADE FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KALETA, IRENE 300 S WASHINGTON 223 FT MEADE FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TURNER, HELEN 300 SOUTH WASHINGTON #83 FT MEADE FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMANZAK, BOBBIE 300 S WASHINGTON 84 FT MEADE FL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLASS, MILLARD 300 S WASHINGTON 76 FT MEADE FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

PD Mattock, Richard 300 S. Washington #12 Fort Meade, FL 33841	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VD Camery, Agnes 300 S. Washington #235 Fort Meade, FL 33841	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
SD Kaleta, Irene 300 S. Washington #223 Fort Meade, FL 33841	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TD Pottieger, Barbara 300 S. Washington #102 Fort Meade, FL 33841	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D Junker, William 300 S. Washington #247 Fort Meade, FL 33841	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D Romanzak, Bobbie 300 W. Washington #84 Fort Meade, FL 33841	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Richard A. Pottieger* DATE: *3/26/98* 941-285-1271

CP2E037 (10/97)

Attach

7. TITLE D
7. NAME Guav, Frank Addition
7. ADDRESS 300 S. Washington #20
7. CITY, ST. Fort Meade, Fl. 33841