


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 751059 (7)**  
1. Corporation Name  
**OAKWOOD HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>% CAROL W. OPP 6508 N.W. 27TH PLACE GAINESVILLE FL 32606 US</b>	Mailing Address <b>% CAROL W. OPP 6508 N.W. 27TH PLACE GAINESVILLE FL 32606-6300 US</b>	3. Date Incorporated or Qualified <b>02/14/1980</b>	3a. Date of Last Report <b>01/29/1996</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country	4. FEI Number <b>59-2067307</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		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 <b>OPP, CAROL W 6508 N.W. 27 PLACE GAINESVILLE FL 32606</b>	10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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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 *Carol W. Opp* 3/9/97  
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 <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BLATT, KAREN</b>		1.2 NAME <b>FRED VOSE</b>	
STREET ADDRESS <b>6520 NW 28 PL</b>		1.3 STREET ADDRESS <b>2729 NW 66th Terrace</b>	
CITY-ST-ZIP <b>GAINESVILLE FL</b>		1.4 CITY-ST-ZIP <b>GAINESVILLE FL 32606</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME <b>DANIELS, KAREN</b>		2.2 NAME	
STREET ADDRESS <b>6517 NW 27TH PLACE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>GAINESVILLE FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>OPP, CAROL W</b>		3.2 NAME	
STREET ADDRESS <b>6508 NW 27 PLACE</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>GAINESVILLE FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>COOPER, ED</b>		4.2 NAME <b>JOHN WECKESSER</b>	
STREET ADDRESS <b>6607 NW 28 PL</b>		4.3 STREET ADDRESS <b>6507 NW 27 PL</b>	
CITY-ST-ZIP <b>GAINESVILLE FL</b>		4.4 CITY-ST-ZIP <b>GAINESVILLE FL 32606</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Carol W. Opp* 3/9/97 (352) 3725634

CR2E037 (9/96)