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FILED

May 20 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 743780 (9)

1. Corporation Name

OAK GROVE VILLAGE ASSOCIATION, INC.

Principal Place of Business

C/O WOMACK & COMPANY  
445 DOUGLAS AVE., SUITE 2205-C  
ALTAMONTE SPRINGS FL 32714  
US

Mailing Address

P.O. BOX 160386  
ALTAMONTE SPRINGS FL 32716-0386  
US3. Date Incorporated or Qualified  
06/02/19783a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 238 N. Westmonte Drive

Suite, Apt. #, etc.

22 Suite 105

City &amp; State

23 Altamonte Springs, FL

Zip

24 32714

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

City &amp; State

Zip

29

Country

30

4. FEI Number  
59-1932124Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOMACK, ELLEN  
445 DOUGLAS AVE.  
SUITE 2205-C  
ALTAMONTE SPRINGS FL 32714

81 Name

Ellen R. Womack

82 Street Address (P.O. Box Number is Not Acceptable)

238 N. Westmonte Drive

83

Suite 105

84 City

Altamonte Springs

FL

85 Zip Code

32714

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:

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 ~~XX~~DELETE  
NAME MENDENHALL, BILL  
STREET ADDRESS 4430 RED OAK LN  
CITY-ST-ZIP ZELLWOOD FLTITLE D ~~XX~~DELETE  
NAME O'CALLAGHAN, WILLIAM  
STREET ADDRESS 2153 OAK GROVE DR  
CITY-ST-ZIP ZELLWOOD FLTITLE D ~~XX~~DELETE  
NAME GARDNER, BUD  
STREET ADDRESS 4142 OAK GROVE DRIVE  
CITY-ST-ZIP ZELLWOOD FLTITLE SD ~~XX~~DELETE  
NAME BRINKMAN, EUGENIA  
STREET ADDRESS 2001 LIVE OAK LANE  
CITY-ST-ZIP ZELLWOOD FLTITLE DT ~~XX~~DELETE  
NAME BOGIE, AL  
STREET ADDRESS 4414 RED OAK LANE  
CITY-ST-ZIP ZELLWOOD FLTITLE VD ~~XX~~DELETE  
NAME BISCHOF, RICHARD  
STREET ADDRESS 2074 LIVE OAK LN  
CITY-ST-ZIP ZELLWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☐ Change ☒ Addition  
1.2 NAME Roy M. Schnell  
1.3 STREET ADDRESS 4118 Oak Grove Drive  
1.4 CITY-ST-ZIP Zellwood, FL2.1 TITLE DVP ☐ Change ☒ Addition  
2.2 NAME William McFaul  
2.3 STREET ADDRESS 2142 Oak Lane  
2.4 CITY-ST-ZIP Zellwood, FL3.1 TITLE DS ☐ Change ☒ Addition  
3.2 NAME Natalie Krueger  
3.3 STREET ADDRESS 4423 Canopy Circle  
3.4 CITY-ST-ZIP Zellwood, FL4.1 TITLE DT ☐ Change ☒ Addition  
4.2 NAME Mary Burns  
4.3 STREET ADDRESS 2121 Oak Grove Drive  
4.4 CITY-ST-ZIP Zellwood, FL5.1 TITLE D ☐ Change ☒ Addition  
5.2 NAME Mary Ann Mendenhall  
5.3 STREET ADDRESS 4430 Red Oak Lane  
5.4 CITY-ST-ZIP Zellwood, FL6.1 TITLE D ☐ Change ☒ Addition  
6.2 NAME Kathleen Wells  
6.3 STREET ADDRESS 2009 Live Oak Lane  
6.4 CITY-ST-ZIP Zellwood, FL

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:

SIGNATURE REQUIRED

5/5/97

407/682-3443

Date

Daytime Phone # 0013255

CR2E037 (9/96)

7.1 D  
7.2 Earl A. Brewer  
7.3 4312 Black Oak Lane  
7.4 Zellwood, FL