

FILE NOW: FILING FEE IS \$61.25

FILED  
May 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 743780 (9)**

1. Corporation Name  
**OAK GROVE VILLAGE ASSOCIATION, INC.**



Principal Place of Business <b>238 N WESTMONTE DR SUITE-105 ALTAMONTE SPRINGS FL 32714 US</b>	Mailing Address <b>P.O. BOX 160386 ALTAMONTE SPRINGS FL 32716 US</b>
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3. Date Incorporated or Qualified <b>08/02/1978</b>	
4. FEI Number <b>59-1932124</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input 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	

2. Principal Place of Business	2a. Mailing Address
21. Suite/Apt. #, etc. <b>Suite 260</b>	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**WOMACK, ELLEN R  
238 N WESTMONTE DR  
SUITE-105  
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. <b>Suite 260</b>	
84. City	85. Zip Code

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	<b>DP</b>	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SCHNELL, ROY M</b>	1.2 NAME	<b>Brewer, Earl</b>
STREET ADDRESS	<b>4118 OAK GROVE DR</b>	1.3 STREET ADDRESS	<b>4312 Black Oak La</b>
CITY-ST-ZIP	<b>ZELLWOOD FL</b>	1.4 CITY-ST-ZIP	<b>Zellwood, FL</b>
TITLE	<b>DVP</b>	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCFAUL, WILLIAM</b>	2.2 NAME	<b>Tubbs, Barbara</b>
STREET ADDRESS	<b>2142 OAK LANE</b>	2.3 STREET ADDRESS	<b>4415 Canopy Circle</b>
CITY-ST-ZIP	<b>ZELLWOOD FL</b>	2.4 CITY-ST-ZIP	<b>Zellwood, FL</b>
TITLE	<b>DS</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRUEGER, NATALIE</b>	3.2 NAME	
STREET ADDRESS	<b>4423 CANOPY CIR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ZELLWOOD FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DT</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURNS, MARY</b>	4.2 NAME	
STREET ADDRESS	<b>2121 OAK GROVE DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ZELLWOOD FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MENDENHALL, MARY ANN</b>	5.2 NAME	
STREET ADDRESS	<b>4430 RED OAK LN</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ZELLWOOD FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WELLS, KATHLEEN</b>	6.2 NAME	
STREET ADDRESS	<b>2009 LIVE OAK LN</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ZELLWOOD FL</b>	6.4 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Brewer, Earl</b>
1.3 STREET ADDRESS	<b>4312 Black Oak La</b>
1.4 CITY-ST-ZIP	<b>Zellwood, FL</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Tubbs, Barbara</b>
2.3 STREET ADDRESS	<b>4415 Canopy Circle</b>
2.4 CITY-ST-ZIP	<b>Zellwood, FL</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Roy M Schnell* *April 28, 1998*

CR2E037 (10/97)