FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 750864 (1)

1. Corporation Name
OAKWOOD VILLAGE CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
13122 E. HWY. 25 P.O. BOX 520 OKLAWAHA FL 32179	13122 E. HWY. 25 P.O. BOX 520 OKLAWAHA FL 32179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/31/1980
3a. Date of Last Report: 01/28/1994
4. FEI Number: 59-2105352 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21: 13122 E HWY 25	2a. Mailing Address 26: P.O. Box 1175
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:
City & State 23: OKLAWAHA FL	City & State 28: OKLAWAHA FL
Zip 24: 32179 Country 25:	Zip 29: 32179 Country 30:

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LITT, GORDON H.
S. SIDE C25
P.O. BOX 520
OKLAWAHA FL 32679

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City FL 95 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	LITT, GORDON H.	1.2 NAME	
STREET ADDRESS	13122 E. HWY. 25	1.3 STREET ADDRESS	
CITY-ST-ZIP	OKLAWAHA FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	FARMER, PAT	2.2 NAME	
STREET ADDRESS	2203 HIDDEN POND RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	2.4 CITY-ST-ZIP	
TITLE	VT	3.1 TITLE	☒ Change ☐ Addition DIRECTOR
NAME	DELONG, JOHN	3.2 NAME	JANOWSKI, JAMES
STREET ADDRESS	601 E CAOLINA AVE	3.3 STREET ADDRESS	316 VELMA DR
CITY-ST-ZIP	PLANT CITY FL	3.4 CITY-ST-ZIP	LARGO, FL 33540
TITLE	P	4.1 TITLE	☐ Change ☐ Addition
NAME	DICKINSON, GARY	4.2 NAME	
STREET ADDRESS	113 JOSHUA CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☒ Change ☐ Addition DIRECTOR
NAME	MCNEILL, WYATT	5.2 NAME	MEDICH, GEORGE
STREET ADDRESS	4234 PT LA VISTA RD	5.3 STREET ADDRESS	11508 RIVER COUNTRY DRIVE
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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: Gary Dickinson 4/24/95 813-782-1591 x293
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
GARY DICKINSON