

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 750864 (1)

1. Corporation Name

OAKWOOD VILLAGE CONDOMINIUM, INC.

Principal Place of Business

13122 E HWY 25
OKLAWAHA FL 32179
US

Mailing Address

PO BOX 1175
OKLAWAHA FL 32179
US

FILED
Aug 06 1997 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/31/1980 3a. Date of Last Report 05/01/1996

4. FEI Number 59-2105352 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

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

81 Name

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

83

84 City

FL

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

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 D ☒ DELETE
NAME LITT, GORDON H.
STREET ADDRESS 13122 E. HWY. 25
CITY-ST-ZIP OKLAWAHA FL

TITLE SD ☒ DELETE
NAME FARMER, PAT
STREET ADDRESS 2203 HIDDEN POND RD
CITY-ST-ZIP PLANT CITY FL

TITLE DT ☐ DELETE
NAME DELONG, BETTY
STREET ADDRESS 601 E CAROLINA AVENUE
CITY-ST-ZIP PLANT CITY FL

TITLE P ☒ DELETE
NAME DICKINSON, GARY
STREET ADDRESS 113 JOSHUA CT
CITY-ST-ZIP AUBURNDALE FL

TITLE D ☒ DELETE
NAME MEDICH, GEORGE
STREET ADDRESS 11508 RIVER COUNTRY DRIVE
CITY-ST-ZIP RIVERVIEW FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V.P. D.C.
1.2 NAME K. NOBLOCK, VICTOR
1.3 STREET ADDRESS 2433 S.E. 54th ST.
1.4 CITY-ST-ZIP OCALA, FL 34471 ☒ Change ☐ Addition

2.1 TITLE J. D.
2.2 NAME ~~LITT, JUDY~~ LITT, JUDY
2.3 STREET ADDRESS 13122 E. HWY 25 (P.O. Box 520)
2.4 CITY-ST-ZIP OKLAWAHA, FL 32679 ☒ Change ☐ Addition

3.1 TITLE D.C.
3.2 NAME DELONG, BETTY
3.3 STREET ADDRESS 601 E. CAROLINA AVE
3.4 CITY-ST-ZIP PLANT CITY, FL 33566 ☒ Change ☐ Addition

4.1 TITLE P. D.
4.2 NAME KEENE, PEGGY
4.3 STREET ADDRESS 427 S. 9th ST
4.4 CITY-ST-ZIP LEEsburg, FL 34748 ☒ Change ☐ Addition

5.1 TITLE T. D.
5.2 NAME JOHNSTON, ANN E
5.3 STREET ADDRESS 13190 YELLOW BLUFF RD
5.4 CITY-ST-ZIP JACKSONVILLE, FL 32216 ☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

ANN E. JOHNSTON, TREAS.

CR2E037 (4/97)