FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 24, 1999 8:00 am
Secretary of State
05-24-1999 90017 010 ****61.25

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DOCUMENT # **750864**

1. Corporation Name
OAKWOOD VILLAGE CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
13122 E HWY 25 OKLAWAHA FL 32179 US	~~PO BOX 520~~ 13122 E. Hwy 25, OKLAWAHA FL 32179 #16 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/31/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2105352 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

LITT, GORDON H.
S. SIDE C25 13122 E Hwy. 25 #1
~~P.O. BOX 520~~
OKLAWAHA FL ~~32679~~ 32179

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 _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KNOBLOCK, VICTOR 2233 SE 5TH ST OCALA FL	~~XDELX~~	1.1 TITLE P D 1.2 NAME JOHN DeLONG 1.3 STREET ADDRESS 601 E. CAROLINA AVE 1.4 CITY-ST-ZIP ~~PLANT CITY, FL 33566~~	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LITT, JUDY 13122 E HWY 25 ~~P O BOX 520~~ #1 OKLAWAHA FL ~~32679~~ 32179	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP DELONG, JOHN 601 E CAROLINA AVENUE PLANT CITY FL	X ~~DELETE~~	3.1 TITLE D VP 3.2 NAME GORDON LITT 3.3 STREET ADDRESS 13122 E HWY 25, #1 3.4. CITY-ST-ZIP OKLAWAHA, FL 32179	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, CHARLENE 13122 E HWY 25 OCKLAWAHA FL 32199	☐ DELETE XX	4.1 TITLE D 4.2 NAME OWEN FARMER 4.3 STREET ADDRESS 904 E. TOMLIN ST. 4.4 CITY-ST-ZIP ~~PLANT CITY, FL 33565~~	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JOHNSTON, ANNE E 13190 YELLOW BLUFF RD JACKSONVILLE FL	☐ DELETE XX	5.1 TITLE D T 5.2 NAME PEGGY KEENE 5.3 STREET ADDRESS 13122 E. HWY 25, #14 5.4 CITY-ST-ZIP ~~OCKLAWAHA, FL 32179~~	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 5/30/99 352 288 5058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SECRETARY