

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 751059 (7)**

1. Corporation Name

**OAKWOOD HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

% CAROL W. OPP  
6508 N.W. 27TH PLACE  
GAINESVILLE FL 32606  
US

% CAROL W. OPP  
6508 N.W. 27TH PLACE  
GAINESVILLE FL 32606  
US

3. Date Incorporated or Qualified

**02/14/1980**

3a. Date of Last Report

**01/27/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

OPP, CAROL W  
6508 N.W. 27 PLACE  
GAINESVILLE FL 32606

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 PD  
NAME PRESTON, LAUREL  
STREET ADDRESS 6527 NW 27TH PLACE  
CITY-ST-ZIP GAINESVILLE FL ☐ DELETE

TITLE SD  
NAME DANIELS, KAREN  
STREET ADDRESS 6517 NW 27TH PLACE  
CITY-ST-ZIP GAINESVILLE FL ☐ DELETE

TITLE TD  
NAME OPP, CAROL W  
STREET ADDRESS 6508 NW 27 PLACE  
CITY-ST-ZIP GAINESVILLE FL ☐ DELETE

TITLE VD  
NAME BLATT, KAREN  
STREET ADDRESS 6520 NW 28TH PLACE  
CITY-ST-ZIP GAINESVILLE FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME KAREN BLATT  
1.3 STREET ADDRESS 6520 NW 28 PL  
1.4 CITY-ST-ZIP GAINESVILLE FL 32606 ☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE VD  
4.2 NAME ED COOPER  
4.3 STREET ADDRESS 6607 NW 28 PL  
4.4 CITY-ST-ZIP GAINESVILLE FL 32606 ☒ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)