

FILE NOW: FILING FEE IS \$61.25

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Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **751059** (7)

1. Corporation Name

OAKWOOD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business % CAROL W. OPP 8508 N.W. 27TH PLACE GAINESVILLE FL 32606 US	Mailing Address % CAROL W. OPP 8508 N.W. 27TH PLACE GAINESVILLE FL 32606 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 02/14/1980	
4. FEI Number 59-2067307	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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	

9. Name and Address of Current Registered Agent OPP, CAROL W 8508 N.W. 27 PLACE GAINESVILLE FL 32606	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
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

Carol W. Opp

(NOTE: Registered Agent signature required when reinstating)

2/2/98

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	VOSE, FRED
STREET ADDRESS	2729 N.W. 68TH TERRACE
CITY-ST-ZIP	GAINESVILLE FL
TITLE	SD
NAME	DANIELS, KAREN
STREET ADDRESS	6517 NW 27TH PLACE
CITY-ST-ZIP	GAINESVILLE FL
TITLE	TD
NAME	OPP, CAROL W
STREET ADDRESS	8508 NW 27 PLACE
CITY-ST-ZIP	GAINESVILLE FL
TITLE	VD
NAME	WECKESSER, JOHN
STREET ADDRESS	6507 N.W. 27 PLACE
CITY-ST-ZIP	GAINESVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD
1.2 NAME	Lauren Gaine
1.3 STREET ADDRESS	6519 NW 28th Place
1.4 CITY-ST-ZIP	Gainesville FL 32606
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	VD
4.2 NAME	Karen Blatt
4.3 STREET ADDRESS	6520 NW 28th PLACE
4.4 CITY-ST-ZIP	GAINESVILLE FL 32606
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
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:

Carol W. Opp

2/2/98 (352)3725634

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