

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 PM 1:57

DOCUMENT # **756692** (0)
1. Corporation Name
OAKWOOD VILLAS PROPERTY OWNERS' ASSOCIATION, INC

Principal Place of Business Mailing Address
1430 SHEAFE AVENUE, NE **1430 SHEAFE AVENUE, NE**
PALM BAY FL 32905-3739 **PALM BAY FL 32905-3739**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/10/1981	3a. Date of Last Report 07/01/1994
4. FEI Number 59-2329304	Applied For 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
CENERIZO LYNNE
1040 ABADA COURT, NE
SUITE 110
PALM BAY FL 32905

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 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 N/A (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	CENERIZO, LYNNE
STREET ADDRESS	1040 ABADA COURT, N.E., #110
CITY-ST-ZIP	PALM BAY FL
TITLE	VD
NAME	SAPIENZA, ANNETTE
STREET ADDRESS	1421 SHEAFE AVENUE, #101
CITY-ST-ZIP	PALM BAY FL
TITLE	TD
NAME	GUM, WINFRED
STREET ADDRESS	1451 SHEAFE AVENUE, #110
CITY-ST-ZIP	PALM BAY FL
TITLE	SD
NAME	TOLMAN, PRISCILLA
STREET ADDRESS	1835 MCKINLEY AVENUE
CITY-ST-ZIP	MELBOURNE FL
TITLE	D
NAME	HESKETT, SANDRA
STREET ADDRESS	1400 SHEAFE AVENUE, #108
CITY-ST-ZIP	PALM BAY FL
TITLE	D
NAME	LANG, TRACEY
STREET ADDRESS	1490 SHEAFE AVENUE, #102
CITY-ST-ZIP	PALM BAY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	32905
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	32905
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	32905
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	32935
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	32905
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	32905

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 checked, or on an attachment with an address.

SIGNATURE: Winfred Gum **WINFRED GUM**
Date: **1-27-95** (407) 984-0289