

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

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



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

3. Date Incorporated or Qualified **03/10/1981** 3a. Date of Last Report **02/03/1995**
4. FEI Number **59-2329304** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**CENERIZIO LYNNE
1040 ABADA COURT, NE
SUITE 110
PALM BAY FL 32905**
*Miriam Parker
2300 Abada St
Satellite Fl 32925*
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 *Miriam Parker* 4/23/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CENERIZIO, LYNNE	1.2 NAME	
STREET ADDRESS	1040 ABADA COURT, N.E., #110	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAPIENZA, ANNETTE	2.2 NAME	
STREET ADDRESS	1421 SHEAFE AVENUE, #101	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUM, WINFRED	3.2 NAME	
STREET ADDRESS	1451 SHEAFE AVENUE, #110	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOLMAN, PRISCILLA	4.2 NAME	
STREET ADDRESS	1935 MCKINLEY AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESKETT, SANDRA	5.2 NAME	
STREET ADDRESS	1400 SHEAFE AVENUE, #106	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANG, TRACEY	6.2 NAME	
STREET ADDRESS	1490 SHEAFE AVENUE, #102	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	6.4 CITY-ST-ZIP	

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: *Miriam Parker* *Mira* 4/23/96 753 4923
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

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BOARD OF DIRECTORS
Effective: 04/17/96

<u>NAME & ADDRESS:</u>	<u>PHONE:</u>	<u>POSITION:</u>	<u>TERM EXPIRES:</u>
DICKEY, Miriam (Waylon) 220 Norwood Avenue Satellite Bch, FL 32905	984-1211 (H)	President	1999
SAMARAS, IRENE (Nicholas) 1021 Abada Ct., # 109 Palm Bay, FL 32905	676-0655 (H)	V. President	1997
LANG, Tracey 1490 Sheafe Ave., # 102 Palm Bay, FL 32905	984-9729 (H) 242-1083 (W)	Secretary	1997 242-1085 (FAX)
DATO, Bill (Sherry) 1031 Abada Ct., # 107 Palm Bay, FL 32905	728-9150 (H)	Treasurer	1999
CENERIZIO, Lynne 1040 Abada Court, # 110 Palm Bay, FL 32905	725-5170 (H) 242-9100 ext. 185 (W)	Director	1999
SAPIENZA, Annette 1421 Sheafe Ave., # 101 Palm Bay, FL 32905	676-2656 (H)	Director	1998
MILLER, Robert (Martha) 1324 San Miguel Lane N. Fort Myers, FL 33903	941-731-5609 (H)	Director	1998
SANTIAGO, Maria (George) 1431 Sheafe Ave., # 105 Palm Bay, FL 32905	725-6878 (H) 984-7467 (W)	Director	1998
FOOTE, Bill 1480 Sheafe Ave., # 109 Palm Bay, FL 32905	729-0495	Director	1999

Key: UL: Unlisted CM: Chairperson CCM: Co-Chairperson