


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 1430 SHEAFE AVENUE, NE PALM BAY FL 32905-3739	Mailing Address 1430 SHEAFE AVENUE, NE PALM BAY FL 32905-3739
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3. Date Incorporated or Qualified 03/10/1981	3a. Date of Last Report 05/14/1996
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country
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4. FEI Number 59-2329304	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**DICKEY, MIRIAM
220 NORWOOD AVE.
SATELLITE BEACH FL 32905**

10. Name and Address of New Registered Agent
 81. Name **THOMAS W. LAWLER**
 82. Street Address (P.O. Box Number is Not Acceptable)
1430 SHEAFE AVE. NE
 83. City **PALM BAY, FL**
 84. Zip Code **32905**

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 _____ (NOTE: Registered Agent signature required when restating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME CENERIZIO, LYNNE	
STREET ADDRESS 1040 ABADA COURT, N.E., #110	
CITY-ST-ZIP PALM BAY FL	
TITLE VD	<input type="checkbox"/> DELETE
NAME SAPIENZA, ANNETTE	
STREET ADDRESS 1421 SHEAFE AVENUE, #101	
CITY-ST-ZIP PALM BAY FL	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME GUM, WINFRED	
STREET ADDRESS 1451 SHEAFE AVENUE, #110	
CITY-ST-ZIP PALM BAY FL	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME TOLMAN, PRISCILLA	
STREET ADDRESS 1935 MCKINLEY AVENUE	
CITY-ST-ZIP MELBOURNE FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME HESKETT, SANDRA	
STREET ADDRESS 1400 SHEAFE AVENUE, #106	
CITY-ST-ZIP PALM BAY FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
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 PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME PAUL LYONS	
1.3 STREET ADDRESS 1451-105 SHEAFE AVE. NE	
1.4 CITY-ST-ZIP PALM BAY, FL. 32905	
2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME BETH WILSON	
2.3 STREET ADDRESS 1441-107 SHEAFE AVE. NE	
2.4 CITY-ST-ZIP PALM BAY, FL. 32905	
3.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME JILL BENNETT	
3.3 STREET ADDRESS 1010-106 ABADA CT. NE	
3.4 CITY-ST-ZIP PALM BAY, FL. 32905	
4.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME MARGO MARTIN	
4.3 STREET ADDRESS 1461-110 SHEAFE AVE. NE	
4.4 CITY-ST-ZIP PALM BAY, FL. 32905	
5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME LUCILLE NOONAN	
5.3 STREET ADDRESS 1440-103 SHEAFE AVE. NE	
5.4 CITY-ST-ZIP PALM BAY, FL. 32905	
6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME MICHAEL ZUPANSKY	
6.3 STREET ADDRESS 1411-105 SHEAFE AVE. NE	
6.4 CITY-ST-ZIP PALM BAY, FL. 32905	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 in an attachment with an address.

CR2E037 (9/96)