

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 15 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 # 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		
4. FEI Number 59-2329304	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input 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 type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent

**LAWLER, THOMAS W
1430 SHEAFE AVE NW
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 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	LYONS, PAUL	1.2 NAME	Lynne Cenerizio
STREET ADDRESS	1451 105 SHEAFE AVE NE	1.3 STREET ADDRESS	1040-110 Abada Ct. NE
CITY-ST-ZIP	PALM BAY FL	1.4 CITY-ST-ZIP	Palm Bay, Fl. 32905
TITLE	VD	2.1 TITLE	VD Margo Martin
NAME	WILSON, BETH	2.2 NAME	1461-110 Sheafe Ave. NE
STREET ADDRESS	1441-107 SHEAFE AVE NE	2.3 STREET ADDRESS	Palm Bay, Fl. 32905
CITY-ST-ZIP	PALM BAY FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	TD
NAME	BENNET, JILL	3.2 NAME	Paul D. Lyons
STREET ADDRESS	1010-106 ABADA CT NE	3.3 STREET ADDRESS	1451-105 Sheafe Ave. NE
CITY-ST-ZIP	PALM BAY FL	3.4 CITY-ST-ZIP	Palm Bay, Fl. 32905
TITLE	SD	4.1 TITLE	SD
NAME	MATIN, MARGO	4.2 NAME	Lucille Noonan
STREET ADDRESS	1461-110 SHEAFE AVE NE	4.3 STREET ADDRESS	1440-103 Sheafe Ave. NE
CITY-ST-ZIP	PALM BAY FL	4.4 CITY-ST-ZIP	Palm Bay, Fl. 32905
TITLE	D	5.1 TITLE	D
NAME	NOONAN, LUCILLE	5.2 NAME	Karen Chasin
STREET ADDRESS	1440-103 SHEAFE AVE NE	5.3 STREET ADDRESS	1440-108 Sheafe Ave. NE
CITY-ST-ZIP	PALM BAY FL	5.4 CITY-ST-ZIP	Palm Bay, Fl. 32905
TITLE	D	6.1 TITLE	D
NAME	ZUPANSKY, MICHAEL	6.2 NAME	John Diehl
STREET ADDRESS	1411-105 SHEAFE AVE NE	6.3 STREET ADDRESS	1010-106 Abada Ct. NE
CITY-ST-ZIP	PALM BAY FL	6.4 CITY-ST-ZIP	Palm Bay, Fl. 32905

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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: *Paul D. Lyons* **4-8-98**

CR2E037 (10/97)