

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90100 011 ****70.00

0019210

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 756692

1. Corporation Name
OAKWOOD VILLAS PROPERTY OWNERS' ASSOCIATION, INC

458348 - 90100 - 11

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

Mailing Address
 1430 SHEAFE AVENUE, NE
 PALM BAY FL 32905-3739



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/10/1981	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2329304	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LAWLER, THOMAS W 1430 SHEAFE AVE NW PALM BAY FL 32905				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	FD	<input type="checkbox"/> DELETE	1.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYONS, PAUL		1.2 NAME	John Diehl	
STREET ADDRESS	1451 105 SHEAFE AVE NE		1.3 STREET ADDRESS	2148 Reef Ave.	
CITY-ST-ZIP	PALM BAY FL 32905		1.4 CITY-ST-ZIP	Indiatlantic, Fl. 32903	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIEHL, JOHN		2.2 NAME	Leroy Scott	
STREET ADDRESS	1010-106 ABADA CT NE		2.3 STREET ADDRESS	1401-105 Sheafe Ave. NE	
CITY-ST-ZIP	PALM BAY FL 32905		2.4 CITY-ST-ZIP	Palm Bay, Fl. 32905	
TITLE	PD	<input type="checkbox"/> DELETE	3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CENERIZIO, LYNNE		3.2 NAME	Tommy Parker	
STREET ADDRESS	1040-110 ABADA CT NE		3.3 STREET ADDRESS	1461-108 Sheafe Ave. NE	
CITY-ST-ZIP	PALM BAY FL 32905		3.4 CITY-ST-ZIP	Palm Bay, Fl 32905	
TITLE	VD	<input type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATIN, MARGO		4.2 NAME	Edward Socha	
STREET ADDRESS	1461-110 SHEAFE AVE NE		4.3 STREET ADDRESS	1421-106 Sheafe Ave. NE	
CITY-ST-ZIP	PALM BAY FL 32905		4.4 CITY-ST-ZIP	Palm Bay, Fl. 32905	
TITLE	SD	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOONAN, LUCILLE		5.2 NAME		
STREET ADDRESS	1440-103 SHEAFE AVE NE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32905		5.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUPANSKY, MICHAEL		6.2 NAME		
STREET ADDRESS	1411-105 SHEAFE AVE NE		6.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL		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, with all other like empowered.

SIGNATURE [Signature] DATE 4/27/99 DAYTIME PHONE # 407-724-2623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)