

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90070 033 ****70.00

DOCUMENT # 756692

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2329304

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAWLER, THOMAS W
1430 SHEAFE AVE NW
PALM BAY FL 32905

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD SD	<input type="checkbox"/> Delete
NAME	LYONS, PAUL	
STREET ADDRESS	1451 105 SHEAFE AVE NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	SD SD	<input type="checkbox"/> Delete
NAME	DIEHL, JOHN	
STREET ADDRESS	1010-106 ABADA CT NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CENERIZIO, LYNNE	
STREET ADDRESS	1040-110 ABADA CT NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MATIN, MARGO	
STREET ADDRESS	1461-110 SHEAFE AVE NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	SD SD	<input type="checkbox"/> Delete
NAME	NOONAN, LUCILLE	
STREET ADDRESS	1440-103 SHEAFE AVE NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DIEHL, JOHN	
STREET ADDRESS	2148 REEF AVE.	
CITY-ST-ZIP	INDIATLANTIC FL 32903	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TD	
STREET ADDRESS		
CITY-ST-ZIP	Martin, Margo	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1461-110 Sheafe Ave NE	
STREET ADDRESS	Palm Bay, Fla 32905	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)