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FILED  
May 08 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N15346 (2)

1. Corporation Name

OAKWOOD CONDOMINIUM ASSOCIATION, INC. OF CHARLOTTE COUNTY.

Principal Place of Business

Mailing Address

POST OFFICE BOX 27115  
EL JOBEAN FL 33927

POST OFFICE BOX 27115  
EL JOBEAN FL 33927-7115



3. Date Incorporated or Qualified  
06/12/1986

3a. Date of Last Report  
04/24/1996

4. FEI Number  
65-0122241

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

21 6699 San Casa Dr.

Suite, Apt. #, etc.

22 0-1  
City & State

23 Englewood, FL  
Zip Country

24 34224 Charlotte

2a. Mailing Address

26 P.O. Box 216

Suite, Apt. #, etc.

27  
City & State

28 Englewood, FL  
Zip Country

29 34295 SARCOTA

9. Name and Address of Current Registered Agent

TISEO, ALEX  
20101 PEACHLAND BLVD.  
UNIT 208  
PORT CHARLOTTE FL 33954

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME MARTINS, CARLOS  
STREET ADDRESS 1219 TOWNLINE RD.  
CITY-ST-ZIP NESCONSET N ☐ DELETE

TITLE D  
NAME GODINHO, VICTOR  
STREET ADDRESS 11 WESTBURY AVE.  
CITY-ST-ZIP MINEOLA NY 11501 ☒ DELETE

TITLE SD  
NAME SMITH, MARGARET  
STREET ADDRESS 200 SHIPLEY ST.  
CITY-ST-ZIP COOKSVILLE TN ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SD ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE TD ☐ Change ☒ Addition  
2.2 NAME TISEO, JOSEPH  
2.3 STREET ADDRESS 20101 PEACHLAND BLVD #208  
2.4 CITY-ST-ZIP Port Charlotte, FL 343954

3.1 TITLE PD ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)