FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -1 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N19393 (0)

1. Corporation Name

OAK PARK VILLAGE MOBILE HOME OWNERS RENTERS ASSO CIATION INC.

Principal Place of Business	Mailing Address
1 GRAPE P.O.BOX 656 ALVA FL 33920	1 GRAPE P.O.BOX 656 ALVA FL 33920

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/30/1987
3a. Date of Last Report: 03/03/1994
4. FEI Number: 59-2799777 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

COLLING, LEE J.
700 STE 20 N. ORANGE AVE.
FIRST UNION BLD.
ORLANDO FL 32801

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 607.0502 and 607.1508, 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 607.0505, 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	SD	1.1 TITLE	D ☒ Change ☐ Addition
NAME	BAXTER, LORRAINE	1.2 NAME	
STREET ADDRESS	P.O. BOX 721 #3 GRAPE	1.3 STREET ADDRESS	MADDIE ROWLEE
CITY-ST-ZIP	ALVA FL	1.4 CITY-ST-ZIP	P.O.BOX #194 -11 ELDER ALVA, FL 33920-0194
TITLE	TD	2.1 TITLE	D ☒ Change ☐ Addition
NAME	MESSINA, DOROTHY	2.2 NAME	
STREET ADDRESS	P.O.BOX 452, 11 ASHE	2.3 STREET ADDRESS	JOSEPH R. RICHTER
CITY-ST-ZIP	ALVA FL	2.4 CITY-ST-ZIP	P.O.BOX 753- 21 Ashe ALVA, FL. 33920-0753
TITLE	DP	3.1 TITLE	☐ Change ☐ Addition
NAME	WYNN, BESSIE M.	3.2 NAME	
STREET ADDRESS	P.O.BOX 656, 1 GRAPE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALVA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	ZIMMICK, HELENE	4.2 NAME	
STREET ADDRESS	P.O. BOX 717 4 JUTE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALVA FL	4.4 CITY-ST-ZIP	
TITLE	DVP	5.1 TITLE	☐ Change ☐ Addition
NAME	WESTER, DOROTHY	5.2 NAME	
STREET ADDRESS	P O BOX 817	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALVA FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Bessie M. Wynn - Bessie M. Wynn 2-20-95 (813-728-2495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000040