

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified
01/30/1987

3a. Date of Last Report
03/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROWLEE, MADDIE	
STREET ADDRESS	NA P.O. BOX #194 -11 ELDER	
CITY-ST-ZIP	ALVA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RICHTER, JOSEPH R	
STREET ADDRESS	NA P.O. BOX 753- 21 ASHE	
CITY-ST-ZIP	ALVA FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	WYNN, BESSIE M.	
STREET ADDRESS	P.O. BOX 656, 1 GRAPE	
CITY-ST-ZIP	ALVA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ZIMMICK, HELENE	
STREET ADDRESS	P.O. BOX 717 4 JUTE	
CITY-ST-ZIP	ALVA FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	WESTER, DOROTHY	
STREET ADDRESS	P O BOX 817	
CITY-ST-ZIP	ALVA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	A. DOROTHY MESSINA
23 STREET ADDRESS	11 ASH ST. BOX 452
24 CITY-ST-ZIP	ALVA, FLA. 33920-0452
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	LORRAINE BAXTER
43 STREET ADDRESS	3 GRAPE ST. BOX 0721
44 CITY-ST-ZIP	ALVA, FLA. 33920-0721
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(k), 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bessie M. Wynn President 2/3/96

Date

Daytime Phone

CR2E037 (12/95)