

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N33931 (9)

1. Corporation Name

OAK VILLA HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

516
504 WINDING OAK LN
LONGWOOD FL 32750

Mailing Address

516
504 WINDING OAK LN
LONGWOOD FL 32750



| | |
|--------------------------------|-----------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 516 WINDING OAK LN | 26 516 WINDING OAK LN |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 | 27 |
| City & State | City & State |
| 23 Longwood, FL | 28 Longwood, FL |
| Zip | Zip |
| 24 32750 | 29 32750 |
| Country | Country |
| 25 USA | 30 SEMINOLE |

| | |
|---|---|
| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 08/28/1989 | 06/19/1995 |
| 4. FEI Number | Applied For |
| NOT APPLICABLE | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input type="checkbox"/> | |
| 6. Election Campaign Financing | \$5.00 May Be Added to Fees |
| Trust Fund Contribution | |
| <input type="checkbox"/> | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| | | | |
|--|--|---|--|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| MILLER, GARY 504 WINDING OAK LN LONGWOOD FL 32750 | | 81 Name Hauser, Michael D | |
| HAUSER, MICHAEL D 516 WINDING OAK LN LONGWOOD, FL 32750 | | 82 Street Address (P.O. Box Number is Not Acceptable) 516 Winding Oak Lane | |
| | | 83 Longwood FL 32750 | |
| | | 84 City Longwood | |
| | | 85 Zip Code FL 32750 | |

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 Tracy L. Chavez V.P. Michael D. Hauser
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 3-8-96

| | | | |
|----------------------------|--------------------------|---|-----------------------|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PD | 1.1 TITLE | PD |
| NAME | MILLER, GARY | 1.2 NAME | MICHAEL D. HAUSER |
| STREET ADDRESS | 504 WINDING OAK LN | 1.3 STREET ADDRESS | 516 WINDING OAK LN |
| CITY-ST-ZIP | LONGWOOD FL | 1.4 CITY-ST-ZIP | LONGWOOD, FL 32750 |
| TITLE | ST | 2.1 TITLE | |
| NAME | BRINSON, DEBRA | 2.2 NAME | |
| STREET ADDRESS | 472 WINDING OAK LN | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LONGWOOD FL | 2.4 CITY-ST-ZIP | |
| TITLE | VP | 3.1 TITLE | |
| NAME | CHAVEZ, TRACY | 3.2 NAME | |
| STREET ADDRESS | 429 WINDING OAK LN | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | LONGWOOD FL | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | |
| NAME | FELIZ, NELSON | 4.2 NAME | Ellen Garbarczyk |
| STREET ADDRESS | 536 WINDING OAK LN | 4.3 STREET ADDRESS | 533 WINDING OAK LN |
| CITY-ST-ZIP | LONGWOOD FL | 4.4 CITY-ST-ZIP | Longwood FL 32750 |
| TITLE | D | 5.1 TITLE | |
| NAME | FELIZ, ANN | 5.2 NAME | D Ann I. Viker |
| STREET ADDRESS | 508 WINDING OAK LN | 5.3 STREET ADDRESS | 492 Winding Oak Ln |
| CITY-ST-ZIP | LONGWOOD FL | 5.4 CITY-ST-ZIP | Longwood, FL 32750 |
| TITLE | D | 6.1 TITLE | |
| NAME | MARTINEZ, AIXA | 6.2 NAME | 900001838119 |
| STREET ADDRESS | 448 WINDING OAK LN | 6.3 STREET ADDRESS | -05/24/96--01027--039 |
| CITY-ST-ZIP | LONGWOOD FL | 6.4 CITY-ST-ZIP | ***61.25 |

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: Tracy L. Chavez V.P. Michael D. Hauser 3-8-96 407-331-0563
Signature and typed or printed name of signing officer or director Date Daytime Phone #