SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -8 AM 10:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000062889 (9)**

1. Corporation Name
OAK TREE VILLA, INC.

Principal Place of Business	Mailing Address
C/O JILL WRIGHT AVE 14600 N NEBRASKA AVE FOUNTAIN PALMS APT TAMPA FL 33612	C/O JILL WRIGHT AVE 14600 N NEBRASKA AVE FOUNTAIN PALMS APT TAMPA FL 33612

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Fountain Palms Apts Suite, Apt. #, etc. 22 14600 N. Nebraska Ave City & State 23 Tampa FL Zip 24 33613 County 25 US	2a. Mailing Address 26 Fountain Palms Apts Suite, Apt. #, etc. 27 14600 N. Nebraska Ave City & State 28 Tampa FL Zip 29 33613 County 30 US

3. Date Incorporated or Qualified: 09/09/1993
3a. Date of Last Report: 03/01/1994
4. FEI Number: 11-3180710 ☐ 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

WRIGHT, JILL
FOUNTAIN PALM APT
14600 N NEBRASKA AVE
TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name: Thomas F. Coughlin
82 Street Address (P.O. Box Number is Not Acceptable): 7150 20th Street Suite M
83
84 City: Vero Beach FL 85 Zip Code: 32966

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: Thomas F. Coughlin DATE: 7/31/95
(If changing registered agent, registered agent must sign above. NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P SILVESTRI, THOMAS DOSURIS LANE C/O HARRISON CONFERENCE MGMT GLENCOVE NY	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	PD Silvestri, Thomas A. c/o Harrison Conference Mgmt-Dosoris Lane Glen Cove NY 11542	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	ST COHEN, FRED 3349 JERICHO TPKE, 2ND FL GARDEN CITY PARK NY	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	STD Cohen, Fred 101 Yukon Drive Woodbury NY 11797	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D D'AMATO, GEORGE 70 PINE ST NY NY	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP		☐ Change ☐ Addition

CR2E034 (3/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas A. Silvestri President — Thomas A. Silvestri, President — 813-971-3909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0155039 FP