## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Feb 06, 2004 8:00 am **Secretary of State DOCUMENT # 721610** 1. Entity Name 02-06-2004 90019 018 \*\*\*\*61.25 OAKWOOD VILLAS CONDOMINIUM OWNER'S ASSOCIATION, INC. Principal Place of Business Mailing Address 5050 LIVE OAK CIRCLE BRADENTON FL 34207 5050 LIVE OAK CIRCLE 94011033 BRADENTON FL 34207 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-1561468 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent \_Name... the second second second C & S CONDOMINIUM MANAGEMENT SERVICE INC Street Address (P.O. Box Number is Not Acceptable) 4301 32ND STREET WEST SUITE A20 **BRADENTON FL 34205** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or pririted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD TITLE Director Change ☐ Addition ☐ Delete TITLE WILLOUGHBY, ANN NAME Stephen NAME Lice Oak Cincle 5068 RED OAK PL STREET ADORESS STREET ADDRESS **BRADENTON FL** 34207 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition PEARCE, BILL NAME 5038 LIVE OAK STREET ADDRESS STREET ADDRESS BRADENTON FL 34207 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete MERCATANTE, JUDITH NAME NAME 5070 WHITE OAK CT STREET ADDRESS STREET ADDRESS **BRADENTON FL 34207** CITY-ST-ZIP CITY-ST-ZIP T)TLE ☐ Change ☐ Addition ☐ Delete TITLE BOWMAN, MARIAN NAME NAME 5034 LIVE OAK CR. STREET ADDRESS STREET ADDRESS **BRADENTON FL 34207** CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition LANGFORD, JOHN NAME NAME 5019 LIVE OAK CT STREET ADDRESS STREET ADDRESS **BRADENTON FL 34207** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE ABBOTT, JL NAME NAME **5044 LIVE OAK CIRCLE** STREET ADDRESS STREET ADDRESS **BRADENTON FL 34207** CITY-ST-7iP CITY-ST-ZIP

FILED

12. I 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 report or supplemental 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 10 or Block 11 if

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, changed, or on an attachment with an address, with all other like empowered.