

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 721610

1. Entity Name
**OAKWOOD VILLAS CONDOMINIUM OWNER'S
ASSOCIATION, INC.**



Principal Place of Business
**5050 LIVE OAK CIRCLE
BRADENTON, FL 34207**

Mailing Address
**5050 LIVE OAK CIRCLE
BRADENTON, FL 34207**



01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1561468

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

**C & S CONDOMINIUM MANAGEMENT SERVICE INC
4301 32ND STREET WEST
SUITE A20
BRADENTON, FL 34205**

**DO NOT WRITE
IN THIS SPACE**

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 printed name of registered agent and title if applicable

(NOTE: Registered Agent fee, none required when re-registering.)

DATE

**Filing Fee is \$81.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
WILLOUGHBY, ANN
5068 RED OAK PL
BRADENTON, FL 34207**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PEARCE, BILL
5038 LIVE OAK
BRADENTON, FL 34207**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MERCATANTE, JUDITH
5070 WHITE OAK CT
BRADENTON, FL 34207**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
BOWMAN, MARIAN
5034 LIVE OAK CR.
BRADENTON, FL 34207**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
LANGFORD, JOHN
5019 LIVE OAK CT
BRADENTON, FL 34207**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
ABBOTT, JL
5044 LIVE OAK CIRCLE
BRADENTON, FL 34207**

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *JL Abbott, Treasurer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Digitize Phone 3

JL Abbott 441
1/17/04 7534318