2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#759115

Secretary of State

Entity Name: OAK VILLAS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1057 6TH AVENUE, B5 VERO BEACH, FL 32960 US

Current Mailing Address: New Mailing Address:

P. O. BOX 650881

VERO BEACH, FL 32965 US

FEI Number: 59-2522635 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILSON, CHARLES P. O. BOX 650881

VERO BCH, FL 32965 US

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Apr 29, 2005

P/S () Delete (X) Change () Addition WILSON, CHARLES WILSON, CHARLES Name: Name: 1057 6TH AVENUE, B5 Address: 1057 6TH AVENUE, B5 Address: City-St-Zip: VERO BEACH, FL 32960 US City-St-Zip: VERO BEACH, FL 32960 US

Title: () Delete Title: (X) Change () Addition STEPHENSON, RICHARD Name: WEAVER, EUGENE Name:

Address: 1057 6TH AVE A3 Address: 1059 6TH AVENUE, C-1 City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: VERO BEACH, FL 32960

Title: () Delete Title: SD (X) Change () Addition

BRANARD, ELIZABETH GORLEY, LOIS Name: Name: 1055 6TH AVENUE A8 1057 6TH AVENUE, B-10 Address: Address: City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: VERO BEACH, FL 32960

Title: Title: VD () Change (X) Addition () Delete

Name: Name: FREEMAN, KENNETH 13 STARFISH LANE Address: Address: City-St-Zip: City-St-Zip: VERO BEACH, FL 32960

Title: () Delete Title: () Change (X) Addition

QUINN, LOIS Name: Name:

1055 6TH AVENUE, A-12 Address: Address: City-St-Zip: City-St-Zip: VERO BEACH, FL 32960

Title: () Delete Title: () Change (X) Addition

FOSTER, CHRISTINE Name: Name: Address: Address: 1055 6TH AVENUE, A-2 VERO BEACH, FL 32960 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES WILSON Ρ 04/29/2005