


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 762291**  
1. Entity Name  
**OAK VILLAGE ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
1717 S. DIVISION AVE.      1717 S. DIVISION AVE.  
ORLANDO, FL 32805      ORLANDO, FL 32805



01052005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1478791</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
  
WHITE, PETER J  
500 TOPAZ WAY  
ORLANDO, FL 32806

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**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	D WHITE, PETER J 500 TOPAZ WAY ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, LOU 500 TOPAZ WAY ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, PAUL 517 BAXTER ST. ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000175990  
01/10/05-80074-013 61.25

**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 file empowered.

SIGNATURE: Tom White January 6 2005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #