


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90119 046 ****61.25

DOCUMENT # N05000001629

1. Entity Name
OAK VIEW HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**905 25TH DRIVE EAST
 ELLENTON, FL 34222**

Mailing Address
**905 25TH DRIVE EAST
 ELLENTON, FL 34222**

2. Principal Place of Business
2104 63RD AVE E

3. Mailing Address
2104 63RD AVE E


Suite, Apt. #, etc.

City & State
BRADENTON, FL

City & State
BRADENTON, FL

Zip
34203 Country

Zip
34203 Country



03302006 Chg-NP CR2E037 (11/05)

4. FEI Number
20-4134623 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BARWICK, DERRICK
 905 25TH DRIVE EAST
 ELLENTON, FL 34222**

7. Name and Address of New Registered Agent

Name
SRO PROPERTY MANAGEMENT, INC.

Street Address (P.O. Box Number is Not Acceptable)
2104 63RD AVE E

City
BRADENTON FL Zip Code
34203

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 *Thomas W Cook*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DERRICK BARWICK <input type="checkbox"/> Delete 905 25TH DRIVE E ELLENTON, FL 34222	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 information.

SIGNATURE *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #