


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

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90051 031 ****61.25

DOCUMENT # N42591					
1. Entity Name OAKVIEW LAKES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 300 S WASHINGTON AVE 86 FT MEADE FL 33841 US			Mailing Address 300 S WASHINGTON AVE 86 FT MEADE FL 33841 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2951321	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEPP, MARGARET 300 S WASHINGTON AVE LOT 86 FT MEADE FL 33841			7. Name and Address of New Registered Agent Name MARY Jo Russell Street Address (P.O. Box Number is Not Acceptable) 300 S Washington Ave # 90 City Fort Meade FL Zip Code 33841		
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 reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	ENGLISH, RAY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS		300 S. WASHINGTON AVE. LOT 248	STREET ADDRESS	GERAID Young <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP		FORT MEADE FL 33841	CITY-ST-ZIP	300 S Washington Ave # 230 Ft Meade, FL 33841	
TITLE	VP	FORSYTHE, JOHN <input checked="" type="checkbox"/> Delete	TITLE	Suetownsend <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	300 S. Washington Ave # 238	
STREET ADDRESS		300 S. WASHINGTON AVE. LOT 201	STREET ADDRESS	Ft Meade, FL 33841	
CITY-ST-ZIP		FORT MEADE FL 33841	CITY-ST-ZIP	MARY Jo RUSSELL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	S	ALLEN, LUCY <input checked="" type="checkbox"/> Delete	TITLE	300 S Washington # 90	
NAME			NAME	Ft Meade, FL 33841	
STREET ADDRESS		300 S. WASHINGTON AVE. LOT 72	STREET ADDRESS	HAZEL GRAPPY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP		FORT MEADE FL 33841	CITY-ST-ZIP	300 S Washington Ave # 105	
TITLE	TS	HEPP, MARGARET E <input checked="" type="checkbox"/> Delete	TITLE	Ft Meade, FL 33841	
NAME			NAME	Bill PAUTZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		2005 S. WASHINGTON AVE #86	STREET ADDRESS	300 S Washington Ave # 10	
CITY-ST-ZIP		FORT MEADE FL 33841	CITY-ST-ZIP	Ft Meade FL 33841	
TITLE	D	REYNOLDS, PAT <input checked="" type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS		300 S. WASHINGTON AVE. LOT 40	STREET ADDRESS		
CITY-ST-ZIP		FORT MEADE FL 33841	CITY-ST-ZIP		
TITLE	D	FRY, JOE C <input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS		300 S WASHINGTON AVE #207	STREET ADDRESS		
CITY-ST-ZIP		FORT MEADE FL 33841	CITY-ST-ZIP		
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: <u>MARY Jo Russell</u>		MAY 10 RUSSELL		2-2-04 863-285-1100 EXT 242	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	