


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

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90057 006 \*\*\*\*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**

**20012695**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01142005 Chg-NP CR2E037 (10/03)

City & State  
 Zip Country

4. FEI Number  
**59-2951321**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**RUSSELL, MARY JO**  
**300 S WASHINGTON AVE**  
**LOT 90**  
**FT MEADE, FL 33841**

7. Name and Address of New Registered Agent  
 Name  
**Marjorie F. Clouse**  
 Street Address (P.O. Box Number is Not Acceptable)  
**300 S. Washington Ave. #89**  
 City  
**Ft. Meade FL 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 Marjorie F. Clouse, Treasurer 2-14-05  
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, 2005**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ENGLISH, RAY 300 S. WASHINGTON AVE. LOT 248 FORT MEADE, FL 33841 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YOUNG, GERAIK 300 S. WASHINGTON AVE #230 FORT MEADE, FL 33841 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TOWNSEND, SUE 300 S. WASHINGTON AVE #238 FORT MEADE, FL 33841 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS RUSSELL, MARY JO 300 S. WASHINGTON AVE #90 FORT MEADE, FL 33841 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAPPY, HAZEL 300 S. WASHINGTON AVE #105 FORT MEADE, FL 33841 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUTZ, BILL 300 S. WASHINGTON AVE #10 FORT MEADE, FL 33841 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James Cunningham 300 S. Washington Ave. #192 Ft. Meade, FL 33841 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS Marjorie F. Clouse 300 S. Washington Ave. #89 Ft. Meade, FL 33841 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 Marjorie F. Clouse Marjorie F. Clouse 2-14-05 863-285-9204  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #