


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90030 035 \*\*\*\*61.25

<b>DOCUMENT # N42591</b>			
1. Entity Name <b>OAKVIEW LAKES HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>300 S WASHINGTON AVE</b> <b>86</b> FT MEADE, FL 33841 US		Mailing Address <b>300 S WASHINGTON AVE</b> <b>86</b> FT MEADE, FL 33841 US	
2. Principal Place of Business  Suite, Apt. #, etc. <b>89</b>		3. Mailing Address  Suite, Apt. #, etc. <b>89</b>	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CLOUSE, MARJORIE F</b> <b>300 S WASHINGTON AVE #89</b> <b>FT MEADE, FL 33841</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	<b>FL</b>
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ENGLISH, RAY</b> <input checked="" type="checkbox"/> Delete <b>300 S. WASHINGTON AVE. LOT 248</b> <b>FORT MEADE, FL 33841</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Young, Gerald</b> <b>300 S. Washington Ave. #230</b> <b>Fort Meade, FL 33841</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Delete <b>YOUNG, GERAIK</b> <b>300 S. WASHINGTON AVE #230</b> <b>FORT MEADE, FL 33841</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Aszmann, Ken</b> <b>300 S. Washington Ave. #120</b> <b>Fort Meade, FL 33841</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Delete <b>TOWNSEND, SUE</b> <b>300 S. WASHINGTON AVE #238</b> <b>FORT MEADE, FL 33841</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS</b> <input type="checkbox"/> Delete <b>CLOUSE, MARJORIE F</b> <b>300 S. WASHINGTON #89</b> <b>FORT MEADE, FL 33841</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>GRAPPY, HAZEL</b> <b>300 S. WASHINGTON AVE #105</b> <b>FORT MEADE, FL 33841</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>PAUTZ, BILL</b> <b>300 S. WASHINGTON AVE #10</b> <b>FORT MEADE, FL 33841</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Cunningham, James</b> <b>300 S. Washington Ave. #192</b> <b>Fort Meade, FL 33841</b>
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 empowered.			
<b>SIGNATURE</b> <u>Marjorie F. Clouse</u>		<b>Marjorie F. Clouse</b> <u>2-04-06</u> <u>863-285-9204</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

