

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90048 034 ****61.25



DOCUMENT # N42591
 1. Entity Name
OAKVIEW LAKES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
 300 S WASHINGTON AVE
 89
 FT MEADE, FL 33841 US

Mailing Address
 300 S WASHINGTON AVE
 89
 FT MEADE, FL 33841 US

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

400-

01302008 Chg-NP CR2E037 (12/06)

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
CLOUSE, MARJORIE F
300 S WASHINGTON AVE #89
FT MEADE, FL 33841

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

Filing Fee is **\$61.25** Due by **May 1, 2008**

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	P	<input checked="" type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	YOUNG, GERALD			NAME	Eakins, Ed		
STREET ADDRESS	300 S WASHINGTON AVE #230			STREET ADDRESS	300 S. Washington Ave. #136		
CITY-ST-ZIP	FORT MEADE, FL 33841			CITY-ST-ZIP	Fort Meade, FL 33841		
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ASZMANN, KEN			NAME	Hartman, Dick		
STREET ADDRESS	300 S WASHINGTON AVE #120			STREET ADDRESS	300 S. Washington Ave. #112		
CITY-ST-ZIP	FORT MEADE, FL 33841			CITY-ST-ZIP	Fort Meade, FL 33841		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TOWNSEND, SUE			NAME	Martin, Arvella		
STREET ADDRESS	300 S. WASHINGTON AVE #238			STREET ADDRESS	300 S. Washington Ave. #199		
CITY-ST-ZIP	FORT MEADE, FL 33841			CITY-ST-ZIP	Fort Meade, FL 33841		
TITLE	TS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLOUSE, MARJORIE F			NAME			
STREET ADDRESS	300 S. WASHINGTON #89			STREET ADDRESS			
CITY-ST-ZIP	FORT MEADE, FL 33841			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GRAPPY, HAZEL			NAME	Apker, Chuck		
STREET ADDRESS	300 S. WASHINGTON AVE #105			STREET ADDRESS	300 S. Washington Ave. #210		
CITY-ST-ZIP	FORT MEADE, FL 33841			CITY-ST-ZIP	Fort Meade, FL 33841		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCKINNON, JOHN			NAME			
STREET ADDRESS	300 S. WASHINGTON AVE # 8			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 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.

SIGNATURE: Marjorie F. Clouse Marjorie F. Clouse 1/30/08 863-285-9204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
40017299
N4259)

OAKVIEW LAKES HOMEOWNERS ASSOCIATION, INC.
2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DELETE

D
Eakins, Ed
300 S. Washington Ave. #136
Fort Meade, FL 33841

ADD

D
Pipes, Gordon
300 S. Washington Ave. #233
Fort Meade, FL 33841

Marjorie F. Clouse
Treasurer

January 30, 2008