

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 762291

1. Entity Name
OAK VILLAGE ASSOCIATION, INC.



Principal Place of Business
1717 S. DIVISION AVE.
ORLANDO, FL 32805

Mailing Address
1717 S. DIVISION AVE.
ORLANDO, FL 32805

FILED
Jan 10, 2005 08:00 AM
Secretary of State



01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1478791

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WHITE, PETER J
500 TOPAZ WAY
ORLANDO, FL 32806

**DO NOT WRITE
IN THIS SPACE**

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 restate.)

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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
WHITE, PETER J
500 TOPAZ WAY
ORLANDO, FL 32806

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
WHITE, LOU
500 TOPAZ WAY
ORLANDO, FL 32806

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
WHITE, PAUL
517 BAXTER ST.
ORLANDO, FL 32806

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000175990
01/10/05-80074-013 61.25

**DO NOT WRITE
IN THIS SPACE**

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

January 6 2005