


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90073 042 \*\*\*\*61.25

<b>DOCUMENT # 743780</b>	
1. Entity Name OAK GROVE VILLAGE ASSOCIATION, INC.	

Principal Place of Business 225 S. WESTMONTE DRIVE STE 3310 ALTAMONTE SPRINGS, FL 32714 US	Mailing Address P O BOX 162147 ALTAMONTE SPRINGS, FL 32716-2147 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04192007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent  WOMACK, ELLEN R 225 S. WESTMONTE DRIVE STE 3310 ALTAMONTE SPRINGS, FL 32714		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Ellen R. Womack DATE 4/30/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SANTSPREE, ROY 2117 OAK LANE ZELLWOOD, FL 32798 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TUBBS, BARBARA 4415 CANOPY CIRCLE ZELLWOOD, FL 32798 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KRUEGER, NATALIE 4423 CANOPY CIR ZELLWOOD, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, ROD 4405 RED OAK LANE ZELLWOOD, FL 32798 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENDENHALL, MARY ANN 4430 RED OAK LN ZELLWOOD, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP REILLEY, TOM 4125 OAK GROVE DR ZELLWOOD, FL 32798 <input type="checkbox"/> Delete	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 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:** Patty Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

# ATTACHMENT

2007 NOT-FOR-PROFIT CORPORATION

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ANNUAL REPORT

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ENTITY NAME: OAK GROVE VILLAGE ASSOCIATION, INC.

PD

VPD BARBARA SANTSPREE 2117 OAK LANE ZELLWOOD, FL 32798

TD PETER DITTNER 2033 LIVE OAK LANE ZELLWOOD, FL 32798

SD

D PAT MUNRO 4133 OAK GROVE DRIVE ZELLWOOD, FL 32798

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