

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743780

Entity Name: OAK GROVE VILLAGE ASSOCIATION, INC.**Current Principal Place of Business:**225 S WESTMONTE DR
STE #3310
ALTAMONTE SPRINGS, FL 32714**Current Mailing Address:**PO BOX 162147
ALTAMONTE SPRINGS, FL 32716 US**FEI Number:** 59-1932124**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VISTA COMMUNITY ASSOCIATION MANAGEMENT
225 S WESTMONTE DR
#3310
ALTAMONTE SPRINGS, FL 32714 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D
Name	PAYNE, JOHN
Address	PO BOX 162147
City-State-Zip:	ALTAMONTE SPRINGS FL 32716

Title	DIRECTOR, VP
Name	SANTSPREE, BARBARA
Address	PO BOX 162147
City-State-Zip:	ALTAMONTE SPRINGS FL 32716

Title	SECRETARY
Name	SABIN, PAT
Address	PO BOX 162147
City-State-Zip:	ALTAMONTE SPRINGS FL 32716

Title	DIRECTOR
Name	SHELLY, TOM
Address	PO BOX 162147
City-State-Zip:	ALTAMONTE SPRINGS FL 32716

Title	DT
Name	GRETHER, TOM
Address	PO BOX 162147
City-State-Zip:	ALTAMONTE SPRINGS FL 32716

Title	DP
Name	KULLMAN, CLYDE
Address	PO BOX 162147
City-State-Zip:	ALTAMONTE SPRINGS FL 32716

Title	DIRECTOR
Name	PERUSHEK, KATHY
Address	PO BOX 162147
City-State-Zip:	ALTAMONTE SPRINGS FL 32716

Title	SECRETARY
Name	SABIN, PAT
Address	PO BOX 162147
City-State-Zip:	ALTAMONTE SPRINGS FL 32716

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CLYDE KULLMAN**PRESIDENT****04/24/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PERUSHEK, KATHY
Address PO BOX 162147
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title SECRETARY
Name SABIN, PAT
Address PO BOX 162147
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title DIRECTOR
Name SHELLY, TOM
Address PO BOX 162147
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title DIRECTOR
Name SHELLY, TOM
Address PO BOX 162147
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title DIRECTOR
Name PERUSHEK, KATHY
Address PO BOX 162147
City-State-Zip: ALTAMONTE SPRINGS FL 32716