

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19724

**Entity Name:** KING OAK VILLAS HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**C/O BLUE WATER COMMUNITY MANAGEMENT  
4735 OLD CANOE CREEK ROAD  
SAINT CLOUD, FL 34769**Current Mailing Address:**C/O BLUE WATER COMMUNITY MANAGEMENT  
4735 OLD CANOE CREEK ROAD  
SAINT CLOUD, FL 34769 US**FEI Number:** 59-2894833**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARTINEZ, DONNIE  
4735 OLD CANOE CREEK ROAD  
SAINT CLOUD, FL 34769 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:** DONNIE MARTINEZ

04/21/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	MARTIN, STEVEN
Address	4735 OLD CANOE CREEK
City-State-Zip:	SAINT CLOUD FL 34769
Title	SECRETARY, TREASURER
Name	KORTLEVER, CYNTHIA
Address	4735 OLD CANOE CREEK ROAD
City-State-Zip:	SAINT CLOUD FL 34769
Title	DIRECTOR
Name	HERNANDEZ, YUNIOR
Address	4735 OLD CANOE CREEK ROAD
City-State-Zip:	SAINT CLOUD FL 34769

Title	VP
Name	MCGRATH, LAWRENCE
Address	4735 OLD CANOE CREEK ROAD
City-State-Zip:	SAINT CLOUD FL 34769
Title	DIRECTOR
Name	RING, THOMAS
Address	4735 OLD CANOE CREEK ROAD
City-State-Zip:	SAINT CLOUD FL 34769

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:** STEVEN MARTIN

PRESIDENT

04/21/2021

Electronic Signature of Signing Officer/Director Detail

Date