

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743780

FILED
Apr 28, 2008
Secretary of State

Entity Name: OAK GROVE VILLAGE ASSOCIATION, INC.

Current Principal Place of Business:

225 S. WESTMONTE DRIVE
STE 3310
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 162147
ALTAMONTE SPRINGS, FL 327162147 US

New Mailing Address:

FEI Number: 59-1932124

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOMACK, ELLEN R
225 S. WESTMONTE DRIVE
STE 3310
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: KRUEGER, NATALIE
Address: 4423 CANOPY CIR
City-St-Zip: ZELLWOOD, FL

Title: D () Delete
Name: SMITH, ROD
Address: 4405 RED OAK LANE
City-St-Zip: ZELLWOOD, FL 32798

Title: D () Delete
Name: MENDENHALL, MARY ANN
Address: 4430 RED OAK LN
City-St-Zip: ZELLWOOD, FL

Title: DP () Delete
Name: REILLEY, TOM
Address: 4125 OAK GROVE DR
City-St-Zip: ZELLWOOD, FL 32798

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV () Change (X) Addition
Name: SANTSPREE, BARBARA
Address: 2117 OAK LANE
City-St-Zip: ZELLWOOD, FL 32798

Title: DT () Change (X) Addition
Name: KULLMAN, CLYDE
Address: 4477 RED OAK LANE
City-St-Zip: ZELLWOOD, FL 32798

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TOM REILLEY

DP

04/28/2008

Electronic Signature of Signing Officer or Director

Date