2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2012
Secretary of State

DOCUMENT# 743780

Entity Name: OAK GROVE VILLAGE ASSOCIATION, INC.

Current Principal Place of Business:

225 S WESTMONTE DR
STE #3310
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 162147
ALTAMONTE SPRINGS, FL 32716 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:

VISTA COMMUNITY ASSOCIATION MANAGEMENT
225 S WESTMONTE DR
#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
Name: HAYES, JESSE
Address: PO BOX 162147
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title: D
Name: PELLEGATTO, RUTH
Address: PO BOX 162147
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

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

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

Title: DV
Name: SANTSPREE, BARBARA
Address: PO BOX 162147
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

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

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 DP 04/23/2012

Electronic Signature of Signing Officer or Director Date