2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#756692

FILED Apr 27, 2006 Secretary of State

Entity Name: OAKWOOD VILLAS PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1430 SHEAFE AVENUE, NE PALM BAY, FL 329053739 **Current Mailing Address: New Mailing Address:** 1430 SHEAFE AVENUE, NE PALM BAY, FL 329053739 FEI Number: 59-2329304 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SOCHA, EDWARD PRES. 1421 SHEAFE AVE. NE **UNIT #106** PALM BAY, FL 329053739 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition DEREGNAUCOURT, TODD BREWSTER, JAMES Name: Name: 10011 LOQUAT ST. Address: 1461 SHEAFE AVE. NE #101 Address: PALM BAY, FL 32905 City-St-Zip: MIRAMAR, FL 33026 City-St-Zip: Title: PD () Delete Title: () Change () Addition SOCHA, EDWARD Name: Name: Address: 1421-106 SHEAFE AVE NE Address: City-St-Zip: PALM BAY, FL 32905 City-St-Zip: Title: () Delete Title: () Change () Addition SAGAN, DANIEL Name: Name: 1490-103 SHEAFE AVE Address: Address: City-St-Zip: PALM BAY, FL 32905 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: CASSANO, TONYA Name: 1021-107 ABADA CT. NE Address: Address: City-St-Zip: PALM BAY, FL 32905 City-St-Zip: Title: VPD () Delete Title: () Change () Addition HUGHES, DOYLE Name: Name: 1400-110 SHEAFE AVE. NE Address: Address: City-St-Zip: PALM BAY, FL 32905 City-St-Zip: Title: () Delete Title: (X) Change () Addition DELZIO, CHRIS RIZZO, JOSEPH Name: Name: Address: 1461-110 SHEAFE AVE NE Address: 1461-109 SHEAFE AVE. NE PALM BAY, FL 32905 PALM BAY, FL 32905 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: EDWARD SOCHA MR. 04/27/2006