

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756692

FILED
Apr 13, 2007
Secretary of State

Entity Name: OAKWOOD VILLAS PROPERTY OWNERS' ASSOCIATION, INC

Current Principal Place of Business:

1430 SHEAFE AVENUE, NE
PALM BAY, FL 329053739

New Principal Place of Business:

Current Mailing Address:

1430 SHEAFE AVENUE, NE
PALM BAY, FL 329053739

New Mailing Address:

FEI Number: 59-2329304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOCHA, EDWARD PRES.
1421 SHEAFE AVE. NE
UNIT #106
PALM BAY, FL 329053739 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: D () Delete
Name: BREWSTER, JAMES
Address: 1461 SHEAFE AVE. NE #101
City-St-Zip: PALM BAY, FL 32905

Title: PD () Delete
Name: SOCHA, EDWARD
Address: 1421-106 SHEAFE AVE NE
City-St-Zip: PALM BAY, FL 32905

Title: TD () Delete
Name: SAGAN, DANIEL
Address: 1490-103 SHEAFE AVE
City-St-Zip: PALM BAY, FL 32905

Title: SD () Delete
Name: CASSANO, TONYA
Address: 1021-107 ABADA CT. NE
City-St-Zip: PALM BAY, FL 32905

Title: VPD () Delete
Name: HUGHES, DOYLE
Address: 1400-110 SHEAFE AVE. NE
City-St-Zip: PALM BAY, FL 32905

Title: D () Delete
Name: RIZZO, JOSEPH
Address: 1461-109 SHEAFE AVE. NE
City-St-Zip: PALM BAY, FL 32905

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

Title: () Change () Addition
Name:
Address:
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

PD

04/13/2007

Electronic Signature of Signing Officer or Director

_____ Date