



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90010 004 \*\*\*\*61.25

<b>DOCUMENT # 758571</b> 1. Entity Name <b>OAKLAND VILLAGE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>135 W. PINEVIEW ST ALTAMONTE SPRINGS, FL 32714-2006</b>			Mailing Address <b>135 W. PINEVIEW ST ALTAMONTE SPRINGS, FL 32714-2006</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number <b>59-2454873</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PRESIDENTIAL GROUP SOUTH, INC. 135 W. PINEVIEW ST ALTAMONTE SPRINGS, FL 32714-2006</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALLEJO, GEORGE 492 ABBA ST ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <del>MERTIN WEISSKOPF</del> 562 TORREY AVE ALTAMONTE SP FL 32714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHERMERHORN, TERRY 508 TAN OAK CT ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <del>GRANT WILSON</del> 516 RAMSDALL AVE ALTAMONTE SP, FL 32714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DIAZ, GLORIA 427 HEMLOCK ST ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MICHELLE SHEFFIELD 515 RAMSDALL AVE ALTAMONTE SP, FL 32714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CECIL, CAUDWELL 492 TAMARAK ST ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gladys Rodriguez 445 Hemlock Street Altamonte Springs, FL 32714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Crystal Scribner 472 Tamarack St Altamonte Springs FL 32714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other the empowered.					
SIGNATURE: <u>C. Caudwell</u> <span style="float: right;">Mar 10 2008 407 4161531</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					