

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758571

FILED  
Apr 17, 2009  
Secretary of State

**Entity Name:** OAKLAND VILLAGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WEST SR 434, STE 5000  
LONGWOOD, FL 327795044

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 434, STE 5000  
LONGWOOD, FL 327795044

**New Mailing Address:**

**FEI Number:** 59-2454873

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HART, JAMES W JR  
C/O SENTRY MANAGEMENT, INC.  
2180 W SR 434, STE. 5000  
LONGWOOD, FL 327795044 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: SD (X) Delete  
Name: VALLEJO, GEORGE  
Address: 492 ABBA ST  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VPD ( ) Delete  
Name: SHERMERHORN, TERRY  
Address: 508 TAN OAK CT  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: TD ( ) Delete  
Name: SHEFFIELD, MICHELLE  
Address: 515 RAMSELL AVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: PD ( ) Delete  
Name: CECIL, CAUDWELL  
Address: 492 TAMARAK ST  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D ( ) Delete  
Name: RODRIGUEZ, GLADYS  
Address: 445 HEMLOCK ST  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D (X) Delete  
Name: SCRIBNER, CRYSTAL  
Address: 472 TAMARACK ST  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: FUGGI, STACI  
Address: 451 HEMLOCK ST  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: TSD (X) Change ( ) Addition  
Name: SHEFFIELD, MICHELLE  
Address: 515 RAMSDELL AVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: PD (X) Change ( ) Addition  
Name: CAULDWELL, CECILY  
Address: 492 TAMARACK ST  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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 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: CECILY CAULDWELL

PD

04/17/2009

Electronic Signature of Signing Officer or Director

Date