

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759115

FILED
May 01, 2009
Secretary of State

Entity Name: OAK VILLAS ASSOCIATION, INC.

Current Principal Place of Business:

1055 6TH AVENUE, A-11
VERO BEACH, FL 32960 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 650881
VERO BEACH, FL 32965 US

New Mailing Address:

FEI Number: 59-2522635 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KEVIN, DEMUYNCK
1055 6TH AVENUE, A-11
VERO BEACH, FL 32960 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: PD () Delete
Name: DEMUYNCK, KEVIN
Address: 1055 6TH AVENUE, A-11
City-St-Zip: VERO BEACH, FL 32960 US

Title: VPD () Delete
Name: TYRPAK, MARK
Address: 1057 6TH AVENUE, B-2
City-St-Zip: VERO BEACH, FL 32960

Title: TD () Delete
Name: FREEMAN, KENNETH
Address: 13 STARFISH DRIVE
City-St-Zip: VERO BEACH, FL 32960

Title: SD () Delete
Name: WILSON, CHARLES
Address: 1057 6TH AVENUE, B-5
City-St-Zip: VERO BEACH, FL 32960

Title: D (X) Delete
Name: LARSEN, R
Address: 4800 BETHEL CREEK DRIVE, UNIT 6
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TYRPAK, MARK
Address: 1057 6TH AVENUE, B-2
City-St-Zip: VERO BEACH, FL 32960 US

Title: TD (X) Change () Addition
Name: FREEMAN, KENNETH
Address: 13 STARFISH DRIVE
City-St-Zip: VERO BEACH, FL 32960

Title: SD (X) Change () Addition
Name: WILSON, CHARLES
Address: 1059 6TH AVENUE, B-5
City-St-Zip: VERO BEACH, FL 32960

Title: D (X) Change () Addition
Name: LARSON, KAY
Address: 4800 BETHEL CREEK DRIVE, UNIT 6
City-St-Zip: VERO BEACH, FL 32963

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: SD/CHARLES WILSON

SD

05/01/2009

Electronic Signature of Signing Officer or Director

Date