


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90079 020 ****61.25

DOCUMENT # N02000008634	
1. Entity Name OAK VALLEY TOWNHOMES PROPERTY OWNERS ASSOCIATION, INC.	

Principal Place of Business 2637 MCCORMICK DRIVE CLEARWATER, FL 33759-1046	Mailing Address 2637 MCCORMICK DRIVE CLEARWATER, FL 33759-1046
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2. Principal Place of Business 2488 Curlew Rd Ste B Clearwater FL 33761 USA	3. Mailing Address 2488 Curlew Rd Ste B Clearwater FL 33761 USA
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6. Name and Address of Current Registered Agent FLOWERS, G E CMCA 2623 MCCORMICK DRIVE STE 102 CLEARWATER, FL 33759	
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7. Name and Address of New Registered Agent Richard Jenkins Association Management Professionals 2488 Curlew Rd Ste B Clearwater FL 33761	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLOWERS, GAIL E 2637 MCCORMICK DR CLEARWATER, FL 33759 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, LARRY 2637 MCCORMICK DR CLEARWATER, FL 33759 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JACZKO, THERESA 2637 MCCORMICK DR CLEARWATER, FL 33759 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Jack Pickens 2488 Curlew Rd Ste B Clearwater FL 33761 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Patrick Runey Sr 2488 Curlew Rd Ste B Clearwater FL 33761 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secy Stephane Bolduc 2488 Curlew Rd Ste B Clearwater FL 33761 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. Lynn Ledford 2488 Curlew Rd Ste B Clearwater FL 33761 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR Mark Nelson 2488 Curlew Rd Ste B Clearwater FL 33761 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 like empowered.

SIGNATURE: Jack Pickens 3/14/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



02282005 Chg-NP CR2E037 (10/03)

4. FEI Number
56-2302423 Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**