


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90006 011 ****61.25

DOCUMENT # N02000008634 1. Entity Name OAK VALLEY TOWNHOMES PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 4116 GUNN HWY TAMPA, FL 33624			Mailing Address POB 8393 TAMPA, FL 33674		
2. Principal Place of Business - No P.O. Box # 5008 W Linebaugh		3. Mailing Address PO Box 8393			
Suite, Apt. #, etc. Ste 15		Suite, Apt. #, etc. PO			
City & State Tampa FL		City & State Tampa FL		4. FEI Number 56-2302423	
Zip 33624		Country Hillsborough		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLYNN, CATHERINE A ONE STOP PROPERTY MGMT LLC TAMPA, FL 33624		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5008 W Linebaugh Ste 15 City Tampa FL Zip Code 33624			
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: <u>Catherine J Flynn</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PICKENS, JACK POB 8393 TAMPA, FL 33674		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUNERY, PATRICK SR POB 8393 TAMPA, FL 33674		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Patrick Runery Sr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOLDUC, STEPHANE POB 8393 TAMPA, FL 33674		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sent Robert McLane <input type="checkbox"/> Change <input type="checkbox"/> Addition 2116 Golden Oak Valrico FL 33594	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES LEDFOURD, LYNN POB 8393 TAMPA, FL 33674		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trea David Humphrey <input type="checkbox"/> Change <input type="checkbox"/> Addition PO Box 8393 Tampa FL 33674	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THELEN, MARK POB 8393 TAMPA, FL 33674		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 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 like empowered.					
SIGNATURE: <u>Jack C. Pike</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/23/07 <small>Date</small>		