

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004791

FILED
Apr 17, 2006
Secretary of State

Entity Name: THE OAKS OF ALVA PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2660 GOGGIN ROAD
ALVA, FL 33920

New Principal Place of Business:

Current Mailing Address:

PO BOX 942
ALVA, FL 33920

New Mailing Address:

FEI Number: 57-1178242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIELDS, CHRISTOPHER J
1833 HENDRY STREET
FORT MYERS, FL 33901 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: LANGUAGE, JENNIFER
Address: 545 WHISPERING WIND BEND
City-St-Zip: LEHIGH ACRES, FL 33936

Title: VD () Delete
Name: WEDELES, JILL
Address: 19400 WITTS END
City-St-Zip: ALVA, FL 33920

Title: SD () Delete
Name: GUNDER, REBECCA
Address: 19000 WITTS END
City-St-Zip: ALVA, FL 33920

Title: TD () Delete
Name: THEIS, ANNETTE
Address: POST OFFICE BOX 443
City-St-Zip: LEHIGH ACRES, FL 33970

Title: D () Delete
Name: NABORS, JIM
Address: 19331 WITTS END
City-St-Zip: ALVA, FL 33920

Title: D () Delete
Name: HOLMES, PETER H
Address: 27381 HIDDEN RIVER COURT
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: JENNIFER LANGUAGE

PD

04/17/2006

Electronic Signature of Signing Officer or Director

Date