

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004791

FILED  
Apr 01, 2009  
Secretary of State

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

**Current Principal Place of Business:**

19201 WITTS END  
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:**

GIBSON, MAURICE B  
19201 WITTS END  
ALVA, FL 33920 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: GIBSON, MAURICE B JR  
Address: 19201 WITTS END  
City-St-Zip: ALVA, FL 33920

Title: VD ( ) Delete  
Name: SAWYER, DEANNE  
Address: 19001 WITTS END  
City-St-Zip: ALVA, FL 33920

Title: STD ( ) Delete  
Name: CALL, MARTIN A  
Address: 19180 WITTS END  
City-St-Zip: ALVA, FL 33920

Title: D ( ) Delete  
Name: TANNEHILL, KEVIN N  
Address: 19500 WITTS END  
City-St-Zip: ALVA, FL 33920

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

Title: D ( ) Delete  
Name: THEIS, RICHARD  
Address: 19100 WITTS END  
City-St-Zip: ALVA, FL 33920

**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: D (X) Change ( ) Addition  
Name: BURSON, G. FRED  
Address: 301 HICKPOCHEE AVENUE WEST, SUITE 202  
City-St-Zip: LABELLE, FL 33935

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: MARTIN A. CALL

STD

04/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date