

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005914

FILED
Feb 24, 2005
Secretary of State

Entity Name: OAK COVE VILLAS HOMEOWNERS ASSOCIATON, INC.

Current Principal Place of Business:

1450 N US-1 STE 500
ORMOND BEACH, FL 321730565

New Principal Place of Business:

1450 N US-1 STE 700
ORMOND BEACH, FL 32174

Current Mailing Address:

1450 N US-1 STE 500
ORMOND BEACH, FL 321730565

New Mailing Address:

1450 N US-1 STE 700
ORMOND BEACH, FL 32174

FEI Number: 20-0558330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOREY, ROBERT K ESQ
595 WEST GRANADA BLVD STE A
ORMOND BEACH, FL 321749448 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: D () Delete
Name: VANACORE, SCOTT
Address: 1450 N US HWY 1 #700
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: VANACORE, TODD
Address: 1450 N US HWY 1 #700
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: SCOTT VANACORE

D

02/24/2005

Electronic Signature of Signing Officer or Director

Date