

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N03961

1. Entity Name
OAKWOOD VILLAS II MASTER ASSOCIATION, INC.



Principal Place of Business
**957 SONESTA AVE NE
PALM BAY, FL 32905 US**

Mailing Address
**957 SONESTA AVE
PALM BAY, FL 32905 US**



01042007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0042320

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RICHEY, JAMES
957 SONESTA AVE
PALM BAY, FL 32905**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
WALLER, SUE
957 SONESTA AVENUE
PALM BAY, FL 32905**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KOROL, SKIP
957 SONESTA AVENUE
PALM BAY, FL 32905**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
RICHEY, JAMES
957 SONESTA AVE NE
PALM BAY, FL 32905**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GILBERT, BRUCE
957 SONESTA AVENUE
PALM BAY, FL 32905**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RUBY, CHUCK
957 SONESTA AVE NE
PALM BAY, FL 32905**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000658553
03/15/07-80041-025 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *James Richey* **JAMES RICHEY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/07
Date

321-984-3653
Daytime Phone #