

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 08:00 A
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



02022008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
65-0042320

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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, 2008**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

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

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000817054
02/14/08-80077-008 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 reports 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 4 2008

Date

321-984-3653

Daytime Phone #

JAMES RICHEY