

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03961

FILED
Feb 09, 2009
Secretary of State

Entity Name: OAKWOOD VILLAS II MASTER ASSOCIATION, INC.

Current Principal Place of Business:

957 SONESTA AVE NE
PALM BAY, FL 32905 US

New Principal Place of Business:

Current Mailing Address:

957 SONESTA AVE
PALM BAY, FL 32905 US

New Mailing Address:

957 SONESTA AVE NE
PALM BAY, FL 32905 US

FEI Number: 65-0042320

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHEY, JAMES
957 SONESTA AVE
PALM BAY, FL 32905 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: DV () Delete
Name: WALLER, SUE
Address: 957 SONESTA AVENUE
City-St-Zip: PALM BAY, FL 32905

Title: D () Delete
Name: KOROL, SKIP
Address: 957 SONESTA AVENUE
City-St-Zip: PALM BAY, FL 32905

Title: STD () Delete
Name: RICHEY, JAMES,
Address: 957 SONESTA AVE NE
City-St-Zip: PALM BAY, FL 32905

Title: P () Delete
Name: GILBERT, BRUCE
Address: 957 SONESTA AVENUE
City-St-Zip: PALM BAY, FL 32905

Title: D () Delete
Name: RUBY, CHUCK
Address: 957 SONESTA AVE NE
City-St-Zip: PALM BAY, FL 32905

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:

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: JAMES RICHEY

TSD

02/09/2009

Electronic Signature of Signing Officer or Director

Date