


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90083 044 ****61.25

| | |
|--|---|
| DOCUMENT # N04000010100 |  |
| 1. Entity Name OAK VISTAS COMMUNITY ASSOCIATION, INC. | |

| | |
|--|---|
| Principal Place of Business 9040 TOWNE CENTER PARKWAY BRADENTON, FL 34202 US | Mailing Address 777 S PALM AVE. # 9 SARASOTA, FL 34236 US |
|--|---|

40072657



| | |
|--|--------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|--|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

04052007 Chg-NP CR2E037 (12/06)

| | | | |
|--------------|--------------|-----------------------------|-------------------------------|
| City & State | City & State | 4. FEI Number 20-3820818 | Applied For Not Applicable |
|--------------|--------------|-----------------------------|-------------------------------|

| | | | | | |
|-----|---------|-----|---------|---|--------------------------------|
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----|---------|-----|---------|---|--------------------------------|

| |
|--|
| 6. Name and Address of Current Registered Agent |
| SCHLOTTHAUER, WILLIAM G 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236 |

| | | |
|--|----|----------|
| 7. Name and Address of New Registered Agent | | |
| Name | | |
| Street Address (P.O. Box Number is Not Acceptable) | | |
| City | FL | Zip Code |

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 _____ (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**

Make check payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV TURNER, GARY 9040 TOWNE CENTER PARKWAY BRADENTON, FL 34202 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V DOBBS, EDWARD J 9040 TOWNE CENTER PARKWAY BRADENTON, FL 34202 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT DIXON, MARK 9040 TOWNE CENTER PARKWAY BRADENTON, FL 34202 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPS GARDNER, JEFFREY A 9040 TOWNE CENTER PARKWAY BRADENTON, FL 34202 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: W. Turner, Director 4/17/07 941-914-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT
Division of Corporations

40072657

Annual Report

Annual Report Help

Document Number
N04000010100

Business Entity Name
OAK VISTAS COMMUNITY ASSOCIATION, INC.

FEI Number 203820818
FEI Number Status Listed Above Applied For Not Applicable
Certificate of Status Desired Yes No \$8.75 each
Election Campaign Financing Trust Fund Contribution Yes No

Principal Place of Business

Address 9040 TOWNE CENTER PARKWAY
Suite, Apt. #, etc.
City, State BRADENTON, FL
Zip Code & Country 34202 US

Mailing Address

Address 777 S PALM AVE. # 9
Suite, Apt. #, etc.
City, State SARASOTA, FL
Zip Code & Country 34236 US

Name and Address of Registered Agent

Name (Last, First, Middle, Title) SCHLOTTHAUER, WILLIAM, G,

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 200 SOUTH ORANGE AVENUE

Suite, Apt. #, etc.

City, State SARASOTA, FL
Zip Code & Country 34236 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

N04000010100

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title DV
Name (Last, First, Middle, Title) TURNER, GARY, ,

- OR -

Entity Name to serve as Officer/Director

Street Address 9040 TOWNE CENTER PARKWAY
City, State BRADENTON, FL
Zip Code & Country 34202 US

Title V
Name (Last, First, Middle, Title) DOBBS, EDWARD, J, ,

- OR -

Entity Name to serve as Officer/Director

Street Address 9040 TOWNE CENTER PARKWAY
City, State BRADENTON, FL
Zip Code & Country 34202 US

Title DT
Name (Last, First, Middle, Title) DIXON, MARK, , ,

- OR -

Entity Name to serve as Officer/Director

Street Address 9040 TOWNE CENTER PARKWAY
City, State BRADENTON, FL
Zip Code & Country 34202 US

Title DPS
Name (Last, First, Middle, Title) GARDNER, JEFFREY, A, ,

- OR -

Entity Name to serve as Officer/Director

Zip Code & Country

34202 US

#N04000010160

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title CAM

Officer/Director Signature T F (Rick) Treharne

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue Reset

Start Over