

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012672

FILED  
Jan 22, 2009  
Secretary of State

**Entity Name:** OAK HOLLOW ESTATES WEST PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

657 8TH COURT  
VERO BEACH, FL 32962

**New Principal Place of Business:**

**Current Mailing Address:**

657 8TH COURT  
VERO BEACH, FL 32962

**New Mailing Address:**

**FEI Number:** 14-1994380

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DIROCCO, MARIA  
657 8TH COURT  
VERO BEACH, FL 32962 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: DIROCCO, MARIA  
Address: 657 8TH COURT  
City-St-Zip: VERO BEACH, FL 32962

Title: D ( ) Delete  
Name: COZENS, LOUIS  
Address: 898 CAROLINA CIRCLE SW  
City-St-Zip: VERO BEACH, FL 32962

Title: D (X) Delete  
Name: LEWISY, GEORGE W JR.  
Address: 131 ISLAND SANCTUARY  
City-St-Zip: INDIAN RIVER SHORES, FL 32963

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: LLOYD, JOHN  
Address: 4795 66TH PL  
City-St-Zip: VERO BEACH, FL 32967

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: MARIA N. DIROCCO

PRES

01/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date