


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 23, 2007 8:00 am**  
**Secretary of State**

05-23-2007 90026 013 \*\*\*\*61.25

<b>DOCUMENT # N06000003660</b>	
1. Entity Name OVIEDO PARK OWNERS ASSOCIATION, INC.	

Principal Place of Business 151 SOUTHHALL LANE, STE. 200 MAITLAND, FL 32751	Mailing Address 151 SOUTHHALL LANE, STE. 200 MAITLAND, FL 32751
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01242007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>20-4675719</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GRAHAM, JESSE E. SR. 369 N. NEW YORK AVE., THIRD FLOOR WINTER PARK, FL 32789		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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHVEDOV, LYNN S. 151 SOUTHHALL LANE, STE. 200 MAITLAND, FL 32751 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LYNN SHANNON CHVEDOV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PRESIDENT 151 SOUTHHALL LN #200 MAITLAND FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MATTIE, TAMMY T. 151 SOUTHHALL LANE, STE. 200 MAITLAND, FL 32751 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JONATHAN WHITE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VICE PRESIDENT 151 SOUTHHALL LN #200 MAITLAND FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST STEEN, WILLIAM 151 SOUTHHALL LANE, STE. 200 MAITLAND, FL 32751 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MATTHEW WRIGHT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SECRETARY/TREASURER 151 SOUTHHALL LN #200 MAITLAND FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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:**  **JONATHAN WHITE** 3/20/07 407 629 0077  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #