

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90029 038 ****61.25

DOCUMENT # N06000003660

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**

2. Principal Place of Business - No P.O. Box #

**c/o World of Homes
Suite, Apt. #, etc.
2884 S. Osceola Ave**

3. Mailing Address

**c/o World of Homes
Suite, Apt. #, etc.
2884 S. Osceola Ave**

City & State
Orlando FL

City & State
Orlando FL

Zip Country
32806 USA

Zip Country
32806 USA

01152008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-4675719

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GRAHAM, JESSE E. SR.
369 N. NEW YORK AVE., THIRD FLOOR
WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent

Name **Ferdinandson Enterprises, Inc.**
Street Address (P.O. Box Number is Not Acceptable)
2884 S. Osceola Ave
City **Orlando** FL Zip Code **32806**

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **CHVEDOV, LYNN S.**
STREET ADDRESS **151 SOUTHHALL LANE, STE. 200**
CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE **V** ☒ Delete
NAME **WHITE, JONATHAN**
STREET ADDRESS **151 SOUTHHALL LANE, STE. 200**
CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE **ST** ☒ Delete
NAME **WRIGHT, MATTHEW**
STREET ADDRESS **151 SOUTHHALL LANE, STE. 200**
CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Change ☒ Addition
NAME **DAN DIVINE**
STREET ADDRESS **151 South hall LANE Ste. 200**
CITY-ST-ZIP **Maitland, FL 32751**

TITLE **V** ☐ Change ☒ Addition
NAME **KETICA Piazza**
STREET ADDRESS **151 South hall LANE Ste. 200**
CITY-ST-ZIP **Maitland, FL 32751**

TITLE **ST** ☐ Change ☒ Addition
NAME **Matthew Wixted**
STREET ADDRESS **151 South hall LANE Ste. 200**
CITY-ST-ZIP **Maitland, FL 32751**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KETICA Piazza **KETICA PIAZZA** **4/14/07** **407-599-0313 ext 353**