2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 21, 2007 8:00 am
Secretary of State
05-15-2007 90008 023 ****61.25

DOCUMENT # N06000004406

1. Entity Name

OAK COVE ASSOCIATION INCORPORATED

Principal Place of Business	Mailing Address
P.O. BOX 872 OCKLAWAHA FL 32183	P.O. BOX 872 OCKLAWAHA FL 32183

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

1st MOORE CR2E037 (10/06)

4. FEI Number 86-1168596 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEVAN, WILLIAM J. 11297 SE 188TH CT. OCKLAWAHA FL 32179	Name: HOYT IRELAND Street Address (P.O. Box Number is Not Acceptable): 11468 S.E. 189th AV OCKLAWAHA, FL 32179 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: Hoyt Ireland — Signature, typed or printed name of registered agent and title if applicable. HOYT IRELAND (NOTE: Registered Agent signature required when reinstating) April 23 2006 DATE

FILE NOW: 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	LEVAN, WILLIAM J.	NAME	
STREET ADDRESS	P.O. BOX 872	STREET ADDRESS	
CITY-ST-ZIP	OCKLAWAHA FL 32183	CITY-ST-ZIP	
TITLE	DVP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	IRELAND, HOYT	NAME	
STREET ADDRESS	P.O. BOX 872	STREET ADDRESS	
CITY-ST-ZIP	OCKLAWAHA FL 32183	CITY-ST-ZIP	
TITLE	DST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	NOBLE, MARGARET	NAME	
STREET ADDRESS	P.O. BOX 872	STREET ADDRESS	
CITY-ST-ZIP	OCKLAWAHA FL 32183	CITY-ST-ZIP	
TITLE	SV ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LYNDA GARDNER	NAME	
STREET ADDRESS	P.O. BOX 872	STREET ADDRESS	
CITY-ST-ZIP	OCKLAWAHA, FL 32183	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Margaret Noble — MARGARET NOBLE — SEC/TREAS — (352) 288-1045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #