

FILED
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Secretary of State

05-07-2007 90065 047 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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02222007 Chg-NP CR2E037 (12/08)

DOCUMENT # N06000005571 1. Entity Name OVIEDO FOREST MASTER HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 8009 S. ORANGE AVE. ORLANDO, FL 32809 US		Mailing Address 8009 S. ORANGE AVE. ORLANDO, FL 32809 US	
2. Principal Place of Business - No P.O. Box # 1750 W. Broadway St		3. Mailing Address 1750 W. Broadway St	
Suite, Apt. #, etc. 118		Suite, Apt. #, etc. 118	
City & State Oviedo, FL		City & State Oviedo, FL	
Zip 32765		Zip 32765	
Country USA		Country USA	
4. FEI Number 87-0794937		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HAWKS, CANDICE 111 N. ORANGE AVENUE SUITE 1040 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Kevin Davis Street Address (P.O. Box Number is Not Acceptable) 1750 W. Broadway St #118 City Oviedo FL Zip Code 32765	
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 fee 4 applicable (NOTE: Registered Agent Signature required when renewing)		DATE 3/20/07	
Filing Fee is \$81.25 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	P ☐ Delete COOMER, PAT 8529 SOUTH PARK CIRCLE, SUITE 190 ORLANDO, FL 32819		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ☐ Delete HAWKS, CANDICE 111 N. ORANGE AVENUE, SUITE 1040 ORLANDO, FL 32801		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T ☐ Delete GONZALEZ, ROLLIE 11315 CORPORATE BLVD., SUITE 250 ORLANDO, FL 32817		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ☒ Change ☐ Addition Franks, Colby 11315 Corporate Blvd, Ste 250 Orlando, FL 32817		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ☒ Change ☐ Addition Hawks, Candice 11315 Corporate Blvd, Ste 250 Orlando, FL 32817		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 Box empowered.			
SIGNATURE SIGNATURES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 4/3/07	
(407) 281-4480		Daytime Phone #	