2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008
Secretary of State

DOCUMENT# N06000010462

Entity Name: OAK VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3006 AVIATION AVE. STE 2A
COCONUT GROVE, FL 33133

New Principal Place of Business:

3095 OAK AV
COCONUT GROVE, FL 33133

Current Mailing Address:

3006 AVIATION AVE. STE 2A
COCONUT GROVE, FL 33133

New Mailing Address:

3109 GRAND AV
#212
COCONUT GROVE, FL 33133

FEI Number: 20-8208473 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLORIDA CORPORATE SERVICES, LLC
3006 AVIATION AVE. STE 2A
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

FONTAINE, TRACI
3109 GRAND AV
#212
COCONUT GROVE, FL 33133 US

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: TRACI FONTAINE 03/13/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: SPETKO, MICHAEL
Address: 3006 AVIATION AVE. STE 2A
City-St-Zip: COCONUT GROVE, FL 33133

Title: DVS ( ) Delete
Name: SPETKO, SANDRA
Address: 3006 AVIATION AVE. STE 2A
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: FONTAINE, TRACI
Address: 3109 GRAND AV #212
City-St-Zip: COCONUT GROVE, FL 33133

Title: DVS (X) Change ( ) Addition
Name: SPETKO, SANDRA
Address: 3109 GRAND AV #212
City-St-Zip: COCONUT GROVE, FL 33133

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: TRACI FONTAINE DPT 03/13/2008
Electronic Signature of Signing Officer or Director Date