

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90041 028 ****61.25

DOCUMENT # N10849			
1. Entity Name OAK FOREST VILLAS HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 1055 OAK FORST DR NAPLES FL 34104 US		Mailing Address 1055 OAK FORST DR NAPLES FL 34104 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent TWADDLE, JOHN D 1037 OAK FOREST DR NAPLES FL 34104		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
State		State	
Zip Code		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By: May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D <input type="checkbox"/> Delete	TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, DEBORAH	NAME	
STREET ADDRESS	1026 OAK FOREST DR.	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34104	CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRASER, VICKI	NAME	D. Michael Cook
STREET ADDRESS	1035 OAK FOREST DR	STREET ADDRESS	1024 OAK FOREST DR
CITY-ST-ZIP	NAPLES FL 34104	CITY-ST-ZIP	NAPLES, FL 34104
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDGETT, YVONNE	NAME	George Pittman
STREET ADDRESS	1035 OAK FOREST DR	STREET ADDRESS	1031 OAK FOREST DR
CITY-ST-ZIP	NAPLES FL 34104	CITY-ST-ZIP	NAPLES FL 34104
TITLE	TD <input type="checkbox"/> Delete	TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TWADDLE, JOHN D	NAME	MAUREEN YERSEY
STREET ADDRESS	1037 OAK FOREST DRIVE	STREET ADDRESS	1004 OAK FOREST DR
CITY-ST-ZIP	NAPLES FL 34104	CITY-ST-ZIP	NAPLES, FL 34104
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	



1st MOORE CR2E037 (10/04)

4. FEI Number **59-2575673** Applied For Not Applicable

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *John D. Twaddle* **3-29-05 239-269-6661**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #