


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

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	



02222006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2575673	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TWADDLE, JOHN D 1037 OAK FOREST DR NAPLES, FL 34104

**DO NOT WRITE
IN THIS SPACE**

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 *John D. Twaddle* 4-19-06
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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREEN, DEBORAH 1026 OAK FOREST DR. NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COOK, MICHAEL 1024 OAK FOREST DR. NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PITTMAN, GEORGE 1031 OAK FOREST DR NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TWADDLE, JOHN D 1037 OAK FOREST DRIVE NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YERGEY, MAUREEN 1004 OAK FOREST DR NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000530882
05/06/06-80016-010 61.25

**DO NOT WRITE
IN THIS SPACE**

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 817, 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* 4-19-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #