


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90826 005 \*\*\*\*61.25

|   |   |
|---|---|
| <b>DOCUMENT # N15346</b>  |  |
| 1. Entity Name<br><b>OAKWOOD CONDOMINIUM ASSOCIATION, INC. OF CHARLOTTE COUNTY.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>2275 S MCCALL RD<br/>ENGLEWOOD, FL 34223 US</b> | Mailing Address<br><b>2230 S. MCCALL RD.<br/>SUITE C<br/>ENGLEWOOD, FL 34224 US</b> |
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|---|---|
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>2240 S. McCall Rd</b><br><br>Suite, Apt. #, etc. |
| City & State<br><br><b>Englewood</b>                                      | City & State<br><b>Englewood</b>  |
| Zip<br><br><b>34224</b>   | Country<br><b>Charlotte</b>   |



04252007 Chg-NP CR2E037 (12/06)

|   |  |
|---|--|
| 4. FEI Number<br><b>65-0122241</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>WEST COAST PROPERTY MANAGEMENT, LLC<br/>2230 S. MCCALL RD.<br/>SUITE C<br/>ENGLEWOOD, FL 34224</b> |  |
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|   |  |
|---|--|
| 7. Name and Address of New Registered Agent<br>Name <b>West Coast Property Management LLC</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2240 S. McCall Rd</b><br>City <b>Englewood</b> FL Zip Code <b>34224</b> |  |
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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 *Robert H. Williams* DATE 4/25/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |  |  |
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| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make check payable to<br/>Florida Department of State</b> |
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| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D/S<br>KIMBALL, NANCY ANN<br>2275 S MCCALL RD #104<br>ENGLEWOOD, FL 34224 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>MARTINS, CARLOS<br>8 WESTPOND CT<br>SMITHTOWN, NY 11787 <input type="checkbox"/> Delete                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>SMITH, MARGARET<br>1315 CHATSWORTH BLVD<br>COOKEVILLE, TN 38502 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>KESSLER, CAROL<br>2275 MCCALL RD UNIT 203<br>ENGLEWOOD, FL 342243 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SMITH, CHRISTOPHER<br>2275 S MCCALL ROAD #201<br>ENGLEWOOD, FL 34223 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE *Nancy Kimball* 4/25/07 (941) 473-0718