

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90035 025 \*\*\*\*61.25

**DOCUMENT # N21185**

1. Entity Name  
**OAKDALE RIVERVIEW ESTATES**



Principal Place of Business  
**4131 GUNN HIGHWAY  
TAMPA, F 33624 US**

Mailing Address  
**4131 GUNN HIGHWAY  
TAMPA, FL 33624 US**

40040552



01042008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**59-2870217**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRISCIA, FRANCIS E  
MELROSE & FRISCIA, P. A.  
500 NORTH WESTSHORE BLVD., STE 635  
TAMPA, FL 33609**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete  
NAME **CAZZOLA, MICHAEL**  
STREET ADDRESS **4715 ROCKINGCHAIR DR**  
CITY- ST- ZIP **VALRICO, FL 33594**

TITLE **PD** ☒ Change ☐ Addition  
NAME **Matthews, Matt (William)**  
STREET ADDRESS **1217 Bloom Hill**  
CITY- ST- ZIP **Valrico, FL 33596**

TITLE **SD** ☒ Delete  
NAME **MATTHEWS, WILLIAM**  
STREET ADDRESS **1217 BLOOM HILL AVE**  
CITY- ST- ZIP **VALRICO, FL 33594**

TITLE **1stVPD** ☐ Change ☒ Addition  
NAME **Fenner, Mary**  
STREET ADDRESS **4714 Rockingchair Drive**  
CITY- ST- ZIP **Valrico, FL 33596**

TITLE **VPT** ☒ Delete  
NAME **LIPNICKY, THELMA**  
STREET ADDRESS **4711 ROCKINGCHAIR DRIVE**  
CITY- ST- ZIP **VALRICO, FL 33594**

TITLE **2ndVPD** ☒ Change ☐ Addition  
NAME **Cazzola, Michael**  
STREET ADDRESS **4715 Rockingchair Drive**  
CITY- ST- ZIP **Valrico, FL 33596**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE **TD** ☐ Change ☒ Addition  
NAME **Boone, Michelle**  
STREET ADDRESS **4703 Rockingchair Drive**  
CITY- ST- ZIP **Valrico, FL 33596**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE **SD** ☐ Change ☒ Addition  
NAME **Oatman, Vaun Stephens**  
STREET ADDRESS **1003 Hardwood Drive**  
CITY- ST- ZIP **Valrico, FL 33596**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #