

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23579

FILED  
Mar 29, 2012  
Secretary of State

**Entity Name:** OAK TREE VILLAS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O A & G MANAGEMENT SERVICES  
11360 FORTUNE CIRCLE, # E-6A  
WELLINGTON, FL 33414 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O A & G MANAGEMENT SERVICES  
11360 FORTUNE CIRCLE, # E-6A  
WELLINGTON, FL 33414 US

**New Mailing Address:**

**FEI Number:** 65-0086444

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

A & G MANAGEMENT SERVICES  
11360 FORTUNE CIRCLE  
SUITE E6A  
WELLINGTON, FL 33414 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DVP  
Name: NORMAN, MARK  
Address: 11360 FORTUNE CIRCLE, SUITE E6A  
City-St-Zip: WELLINGTON, FL 33414

Title: DST  
Name: DESLAURIERS, MARIO  
Address: 11360 FORTUNE CIRCLE, SUITE E6A  
City-St-Zip: WELLINGTON, FL 33414

Title: DP  
Name: CARDUNER, ANDREW  
Address: 11360 FORTUNE CIRCLE, SUITE E6A  
City-St-Zip: WELLINGTON, FL 33414

I hereby 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 all other like empowered.

SIGNATURE: ANDREW CARDUNER

DP

03/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date