

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23863

FILED
Feb 17, 2007
Secretary of State

Entity Name: OLEANDER WOODS HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

706 JOHN CARROLL LANE
WEST MELBOURNE, FL 32904 US

New Principal Place of Business:

Current Mailing Address:

706 JOHN CARROLL LANE
WEST MELBOURNE, FL 32904 US

New Mailing Address:

FEI Number: 59-2889864

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIANAFYLLIDIS, STELLA
706 JOHN CARROLL LANE
WEST MELBOURNE, FL 32904 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: T () Delete
Name: TRIANAFYLLIDIS, STELLA
Address: 706 JOHN CARROLL LANE
City-St-Zip: WEST MELBOURNE, FL 32904 US

Title: S () Delete
Name: BILS, CLAIR
Address: 704 JOHN CARROLL LANE
City-St-Zip: WEST MELBOURNE, FL 32904 US

Title: P () Delete
Name: HUMMEL, KEVIN
Address: 719 JOHN CARROLL LANE
City-St-Zip: WEST MELBOURNE, FL 32904 US

Title: D () Delete
Name: GRAVES, CANDACE
Address: 723 JOHN CARROLL LANE
City-St-Zip: WEST MELBOURNE, FL 32904 US

Title: D () Delete
Name: MCCULLOUGH, PAMELA
Address: 701 JOHN CARROLL LANE
City-St-Zip: WEST MELBOURNE, FL 32904

Title: VP () Delete
Name: BATES, BRAD
Address: 731 JOHN CARROLL LANE
City-St-Zip: WEST MELBOURNE, FL 32904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STELLA TRIANAFYLLIDIS

T

02/17/2007

Electronic Signature of Signing Officer or Director

Date