2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N29367

1. Entity Name
OAKVIEW ESTATES HOMEOWNERS ASSOCIATION, INCORPORATED

Principal Place of Business	Mailing Address
OAKVIEW ESTATES PALM BAY, FL 32906 US	P.O. BOX 06771 PALM BAY, FL 32906-0771 US

DO NOT WRITE IN THIS SPACE

01222005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2913399

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PEZZILLO, WILLIAM
1317 PROSPECT CIRCLE NE
PALM BAY, FL 32907

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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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

000000229562
02/15/05-80002-006 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PEZZILLO, BILL
STREET ADDRESS	1317 PROSPECT CIR., NE
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	VD
NAME	WATCHOWICZ, STAN
STREET ADDRESS	1368 PROSPECT CIR. NE
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	SD
NAME	MCDONALD, ISIAH
STREET ADDRESS	1266 BLUFF AVE, NE
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	T
NAME	RAMIERZ, MARBETH
STREET ADDRESS	1338 ARMORY DR. NE
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: William Pezzillo William Pezzillo President 4 Feb 2005 321-729 0773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #