

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # N29367

1. Entity Name
**OAKVIEW ESTATES HOMEOWNERS ASSOCIATION,
INCORPORATED**



Principal Place of Business
**OAKVIEW ESTATES
PALM BAY, FL 32906 US**

Mailing Address
**P.O. BOX 06771
PALM BAY, FL 32906-0771 US**



03212007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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 TAPP, JIM
STREET ADDRESS 132 KYLE COURT
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 DOYLE, JEFF
STREET ADDRESS 1251 BEDROCK AVE
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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IN THIS SPACE**

U000000690920
04/12/07-80005-016 61.25

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: *William Pezzillo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 April 2007 *321-729-6987*
Date Daytime Phone #