

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2008 08:00 A**  
**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



01112008 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, 2008**

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

**DO NOT WRITE  
IN THIS SPACE**

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 #