

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 16, 2009
Secretary of State**

DOCUMENT# N29367

Entity Name: OAKVIEW ESTATES HOMEOWNERS ASSOCIATION, INCORPORATED

Current Principal Place of Business:

OAKVIEW ESTATES
PALM BAY, FL 32906 US

New Principal Place of Business:

OAKVIEW ESTATES
1317 PROSPECT CIRCLE N.E
PALM BAY, FL 32907 US

Current Mailing Address:

P.O. BOX 06771
PALM BAY, FL 329060771 US

New Mailing Address:

P.O. BOX 06771
PALM BAY, FL 32906 US

FEI Number: 59-2913399 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEZZILLO, WILLIAM
1317 PROSPECT CIRCLE NE
PALM BAY, FL 32907 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: PD () Delete
Name: PEZZILLO, BILL
Address: 1317 PROSPECT CIR., NE
City-St-Zip: PALM BAY, FL 32907

Title: VD () Delete
Name: TAPP, JIM
Address: 132 KYLE COURT
City-St-Zip: PALM BAY, FL 32907

Title: SD () Delete
Name: MCDONALD, ISIAH
Address: 1266 BLUFF AVE, NE
City-St-Zip: PALM BAY, FL 32907

Title: T () Delete
Name: DOYLE, JEFF
Address: 1251 BEDROCK AVE
City-St-Zip: PALM BAY, FL 32907

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:

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM PEZZILLO

PD

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date