

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90050 035 \*\*\*\*61.25

**DOCUMENT # N42239**  
 1. Entity Name  
**OAKWOOD HILLS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**PO BOX 740315 PO BOX 740315**  
**ORANGE CITY FL 32763 ORANGE CITY FL 32763**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Zip Country Zip Country

4. FEI Number **65-0097438** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**FOCARINO, SHERRI**  
**1970 KNOLTON AVE**  
**ORANGE CITY FL 32763**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>FOCARINO, STEPHEN B<br>1970 KNOLTON AVE<br>ORANGE CITY FL 32763 <input type="checkbox"/> Delete              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>PEREZ, ROBERTO<br>1971 KNOLTON AVE.<br>ORANGE CITY FL 32763 <input type="checkbox"/> Delete                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>LUNETTA, ROSE<br>1960 KNOLTON AVE<br>ORANGE CITY FL 32763 <input checked="" type="checkbox"/> Delete          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>DE STEFANO, JENNIFER<br>1931 KNOLTON AVE.<br>ORANGE CITY FL 32763 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:** Stephen B Focarin **2/11/05** **386-74-8608**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #