2006 NOT-FOR-PROFIT CORPORATION - ANNUAL REPORT (AR)

Feb 17, 2006 8:00 am Secretary of State DOCUMENT # N42239 1. Entity Name 02-17-2006 90074 034 ****61.25 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. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 65-0097438 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FOCARINO, SHERRI Street Address (P.O. Box Number is Not Acceptable) 1970 KNOLTON AVE ORANGE CITY FL 32763 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 Stgnature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition FOCARINO, STEPHEN B NAME 1970 KNOLTON AVE STREET ADDRESS STREET ADDRESS **ORANGE CITY FL 32763** CITY-ST-ZIP CITY-ST-ZIP VPD TITLE ☐ Delete TITLE Change ☐ Addition PEREZ, ROBERTO NAME NAME STREET ADDRESS 1971 KNOLTON AVE. STREET ADDRESS **ORANGE CITY FL 32763** CITY-ST-ZIP CITY-ST; ZIP ☐ Defete ☐ Change TITLE TRESURER ☐ Addition TITLE NAME LUKIC, DARLENE STREET ADDRESS STREET ADDRESS 1921 KNOLTON AUE. CITY-ST-ZIP CITY-ST-ZIP ORANGE CITY, FL. 32763 TITLE ☐ Delete TITLE Change ☐ Addition SECTRETARY NAME NAME MOHR, JOSEPH STREET ADDRESS STREET ADDRESS 1901 KNOLTON AVE. CITY-ST-ZIP CITY-ST-ZIP OBANGE CITY, FL. ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

FILED