

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90057 006 ****61.25

DOCUMENT # N42591

1. Entity Name
OAKVIEW LAKES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**300 S WASHINGTON AVE
86
FT MEADE, FL 33841 US**

Mailing Address
**300 S WASHINGTON AVE
86
FT MEADE, FL 33841 US**

20012695



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01142005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2951321

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUSSELL, MARY JO
300 S WASHINGTON AVE
LOT 90
FT MEADE, FL 33841**

Name
Marjorie F. Clouse
Street Address (P.O. Box Number is Not Acceptable)

300 S. Washington Ave. #89

City
Ft. Meade **FL** Zip Code
33841

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 **Marjorie F. Clouse, Treasurer**

2-14-05

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, 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 **P** ☐ Delete
NAME **ENGLISH, RAY**
STREET ADDRESS **300 S. WASHINGTON AVE. LOT 248**
CITY-ST-ZIP **FORT MEADE, FL 33841**

TITLE **VP** ☐ Delete
NAME **YOUNG, GERAIK**
STREET ADDRESS **300 S. WASHINGTON AVE #230**
CITY-ST-ZIP **FORT MEADE, FL 33841**

TITLE **S** ☐ Delete
NAME **TOWNSEND, SUE**
STREET ADDRESS **300 S. WASHINGTON AVE #238**
CITY-ST-ZIP **FORT MEADE, FL 33841**

TITLE **TS** ☒ Delete
NAME **RUSSELL, MARY JO**
STREET ADDRESS **300 S. WASHINGTON AVE #90**
CITY-ST-ZIP **FORT MEADE, FL 33841**

TITLE **D** ☐ Delete
NAME **GRAPPY, HAZEL**
STREET ADDRESS **300 S. WASHINGTON AVE #105**
CITY-ST-ZIP **FORT MEADE, FL 33841**

TITLE **D** ☐ Delete
NAME **PAUTZ, BILL**
STREET ADDRESS **300 S. WASHINGTON AVE #10**
CITY-ST-ZIP **FORT MEADE, FL 33841**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **James Cunningham**
STREET ADDRESS **300 S. Washington Ave. #192**
CITY-ST-ZIP **Ft. Meade, FL 33841**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Marjorie F. Clouse**
STREET ADDRESS **300 S. Washington Ave. #89**
CITY-ST-ZIP **Ft. Meade, FL 33841**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **Marjorie F. Clouse** **Marjorie F. Clouse** **2-14-05** **863-285-9204**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #