

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90025 011 ****61.25



01082006 Chg-NP CR2E037 (11/05)

DOCUMENT # N93000001097				1. Entity Name OAKVIEW ACRES OF FLAGLER COUNTY HOMEOWNER'S ASSOCIATION, INC.	
Principal Place of Business 27 MAPLE STREET FLAGLER BEACH, FL 32136 US		Mailing Address P.O. BOX 277 FLAGLER BEACH, FL 32136 US			
2. Principal Place of Business 9 Magnolia Street		3. Mailing Address P.O. Box 277		4. FEI Number 59-3295456	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Flagler Beach, FL		City & State Flagler Beach, FL		Applied For Not Applicable	
Zip 32136	Country USA	Zip 32136	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHEFFIELD, RACHEL E 27 MAPLE STREET FLAGLER BEACH, FL 32136			Name Peter Smith		
			Street Address (P.O. Box Number is Not Acceptable) 9 Magnolia Street		
			City Flagler Beach FL Zip Code 32136		
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 <i>Peter Smith</i>		Peter Smith/Pres.		2 FEB '06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHEFFIELD, RACHEL 27 MAPLE STREET FLAGLER BEACH, FL 32136 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Peter Smith 9 Magnolia Street Flagler Beach, FL 32136 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHRISTUS, CHARLES 15 MAGNOLIA STREET FLAGLER BEACH, FL 32136 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Peter Serraro 20 Magnolia Street Flagler Beach, FL 32136 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MANCARINI, NINA 12 MAPLE STREET FLAGLER BEACH, FL 32136 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Walter Fischer 11 Maple Street Flagler Beach, FL 32136 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTIN, VICKY 27 MAPLE STREET FLAGLER BEACH, FL 32136 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Robert Black 8 Maple Street Flagler Beach, FL 32136 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENNISON, DRU 5 MAGNOLIA STREET FLAGLER BEACH, FL 32136 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Charles Christus 15 Magnolia Street Flagler Beach, FL 32136 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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: <i>Peter Smith</i>		Peter Smith		2 FEB '06 386-439-5164	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Peter Smith		Date Daytime Phone #	
		President			