

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001097

FILED
Aug 19, 2008
Secretary of State

Entity Name: OAKVIEW ACRES OF FLAGLER COUNTY HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

9 MAGNOLIA ST
FLAGLER BEACH, FL 32136 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 277
FLAGLER BEACH, FL 32136 US

New Mailing Address:

FEI Number: 59-3295456 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, PETER
9 MAGNOLIA ST
FLAGLER BEACH, FL 32136 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: P () Delete
Name: SMITH, PETER
Address: 9 MAGNOLIA ST
City-St-Zip: FLAGLER BEACH, FL 32136

Title: VP () Delete
Name: SERRARO, PETER
Address: 20 MAGNOLIA ST
City-St-Zip: FLAGLER BEACH, FL 32136

Title: S () Delete
Name: FISCHER, WALTER
Address: 11 MAPLE ST
City-St-Zip: FLAGLER BEACH, FL 32136

Title: T () Delete
Name: BLACK, ROBERT
Address: 8 MAPLE ST
City-St-Zip: FLAGLER BEACH, FL 32136

Title: D () Delete
Name: CHRISTUS, CHARLS
Address: 15 MAGNOLIA ST
City-St-Zip: FLAGLER BEACH, FL 32136

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:

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: PETER SMITH

P

08/19/2008

Electronic Signature of Signing Officer or Director

Date