

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 11, 2012
Secretary of State**

DOCUMENT# N93000001097

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

Current Principal Place of Business:

7 MAGNOLIA STREET
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 ()**

Name and Address of Current Registered Agent:

SMITH, PETER
7 MAGNOLIA STREET
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
Name: SMITH, PETER
Address: 7 MAGNOLIA STREET
City-St-Zip: FLAGLER BEACH, FL 32136 US

Title: VP
Name: DI VIRGILLIO, ANTHONY
Address: 5 MAPLE STREET
City-St-Zip: FLAGLER BEACH, FL 32136 US

Title: S
Name: COTTLE, CHRISTOPHER
Address: 3 MAPLE STREET
City-St-Zip: FLAGLER BEACH, FL 32136 US

Title: T
Name: BLACK, ROBERT P
Address: 8 MAPLE STREET
City-St-Zip: FLAGLER BEACH, FL 32136 US

I hereby 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 all other like empowered.

SIGNATURE: ROBERT P. BLACK

TRES

02/11/2012

Electronic Signature of Signing Officer or Director

Date