

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000003584

1. Entity Name
OVIEDO CROSSING OWNERS' ASSOCIATION, INC.



Principal Place of Business

**7380 MURRELL RD
SUITE 201
VIERA, FL 32940**

Mailing Address

**7380 MURRELL RD
SUITE 201
VIERA, FL 32940**



04192006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
59-3237470

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DECATOR, JAY A I
7380 MURRELL ROAD SUITE #201
VIERA, FL 32940**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when remaining)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

00000540167
05/10/06-80008-003 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
DECATOR, JAY A III
7380 MURRELL RD., STE. 201
VIERA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MILLER, C SCOTT
7380 MURRELL ROAD
VIERA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
MARTELL, PAUL
7380 MURRELL RD. SUITE 201
VIERA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: Paul Martell **Paul Martell**

4-21-06

321-242-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #