

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90087 002 ****61.25

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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



03302007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
59-3237470

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-07

Date

(321)
242-1200
Daytime Phone #