

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90044 047 ****70.00

DOCUMENT # N95000001388



1. Entity Name
OAK GROVE CIRCLE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
 PO BOX 677765
 ORLANDO, FL 32867-7765

Mailing Address
 PO BOX 677765
 ORLANDO, FL 32867-7765

40011728



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02032007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-3304230

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAJALES, NESTOR L
2212 ROSE BROOK CT.
ORLANDO, FL 32817

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	GRAJALES, NESTOR	
STREET ADDRESS	2212 ROSE BROOK CT	
CITY-ST-ZIP	ORLANDO, FL 32817	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, EVELYN	
STREET ADDRESS	11204 RIVER GROVE DR	
CITY-ST-ZIP	ORLANDO, FL 32812	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIAZ, CARMEN R	
STREET ADDRESS	11228 RIVER GROVE DR	
CITY-ST-ZIP	ORLANDO, FL 32817	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PERSEVERANDE, JIMENEZ	
STREET ADDRESS	11220 RIVER GROVE DR	
CITY-ST-ZIP	ORLANDO, FL 32817	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Matthew T. Limber	
STREET ADDRESS	11009 River Grove Dr.	
CITY-ST-ZIP	Orlando FL. 32812	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Keith Coelho	
STREET ADDRESS	11120 River Grove Dr.	
CITY-ST-ZIP	Orlando, FL. 32817	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

[Handwritten Signature]

8/13/07 President
 NDA Coelho