

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001774

FILED
Mar 26, 2009
Secretary of State

Entity Name: OAK VALLEY HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3501896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 STE 5000
LONGWOOD, FL 32779 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: PD () Delete
Name: SMITH, EDWARD
Address: 1109 CANOPY OAKS DR
City-St-Zip: MINNEOLA, FL 34715

Title: VPD () Delete
Name: CHUBB, THERESA
Address: 1309 WOODS EDGE CT
City-St-Zip: MINNEOLA, FL 34715

Title: D () Delete
Name: CORNETT, ROY
Address: 1927 SUMMIT OAK CIR
City-St-Zip: MINNEOLA, FL 34715

Title: TD () Delete
Name: WEGNER, KARL
Address: 1104 LAKEVIEW OAKS DR
City-St-Zip: MINNEOLA, FL 34715

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BORNMAN, AMY
Address: 1114 HEATHER GLEN DR
City-St-Zip: MINNEOLA, FL 34715

Title: VPD (X) Change () Addition
Name: CORNETT, ROY
Address: 1927 SUMMIT OAK CIR
City-St-Zip: MINNEOLA, FL 34715

Title: SD (X) Change () Addition
Name: SAWYER, ALAN
Address: 1602 OAK VALLEY BLVD
City-St-Zip: MINNEOLA, FL 34715

Title: D (X) Change () Addition
Name: TODD, WALT
Address: 1510 CANOPY OAKS DR
City-St-Zip: MINNEOLA, FL 34715

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: AMY BORNMAN

PD

03/26/2009

Electronic Signature of Signing Officer or Director

Date