

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 756692

**Entity Name:** OAKWOOD VILLAS PROPERTY OWNERS' ASSOCIATION, INC

**FILED**  
**Apr 11, 2014**  
**Secretary of State**  
**CC4407259365**

**Current Principal Place of Business:**

1430 SHEAFE AVENUE, NE  
PALM BAY, FL 32905-3739

**Current Mailing Address:**

1430 SHEAFE AVENUE, NE  
PALM BAY, FL 32905-3739

**FEI Number: 59-2329304**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SOCHA, EDWARD PRES.  
1421 SHEAFE AVE. NE  
UNIT #106  
PALM BAY, FL 32905-3739 US

*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

**Officer/Director Detail :**

Title SD  
Name PATNOAD, LYNDA  
Address 1011 ABADA CT. NE PALM BAY #108  
City-State-Zip: PALM BAY FL 32905

Title PD  
Name SOCHA, EDWARD  
Address 1421-106 SHEAFE AVE NE  
City-State-Zip: PALM BAY FL 32905

Title TD  
Name HUGHES, DOYLE  
Address 1400-110 SHEAFE AVE. NE  
City-State-Zip: PALM BAY FL 32905

Title D  
Name BOAG, ROBIN  
Address 1001-107 ABADA CT. NE  
City-State-Zip: PALM BAY FL 32905

Title VPD  
Name TRAVER, NANCY  
Address 1431 SHEAFE AVE. NE UNIT 110  
City-State-Zip: PALM BAY FL 32905

Title D  
Name MARTIN, DONNA  
Address 1401 SHEAFE AVE. NE UNIT 108  
City-State-Zip: PALM BAY FL 32905

Title DIRECTOR  
Name DICKSON, ROBERT  
Address 1011 ABADA CT. NE  
UNIT 109  
City-State-Zip: PALM BAY FL 32905

Title DIRECTOR  
Name MARAHRENS, PAUL  
Address 1010 ABADA CT. NE  
UNIT 102  
City-State-Zip: PALM BAY FL 32905

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*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: EDWARD SOCHA**

**PRESIDENT**

**04/11/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           FANTAUZZO, TRINA  
Address        1451 SHEAFE AVE. NE  
                  UNIT 105  
City-State-Zip: PALM BAY FL 32905