

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 756692

**FILED**  
**Mar 06, 2020**  
**Secretary of State**  
**1726730146CC**

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

**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:**

PATNOAD, LYNDA PRESIDENT  
1430 SHEAFE AVENUE, NE  
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:** LYNDA PATNOAD

03/06/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PATNOAD, LYNDA  
Address        1430 SHEAFE AVENUE, NE  
City-State-Zip: PALM BAY FL 32905-3739

Title            VP  
Name            QUINTERO-NEMETH, NANCY  
Address        1430 SHEAFE AVENUE, NE  
City-State-Zip: PALM BAY FL 32905-3739

Title            DIRECTOR  
Name            PARKER, TOMMY  
Address        1430 SHEAFE AVENUE, NE  
City-State-Zip: PALM BAY FL 32905-3739

Title            DIRECTOR  
Name            SEALE, JOHN  
Address        1430 SHEAFE AVENUE, NE  
City-State-Zip: PALM BAY FL 32905-3739

Title            TREASURER  
Name            ROYE, ALEXANDER  
Address        1430 SHEAFE AVENUE, NE  
City-State-Zip: PALM BAY FL 32905-3739

Title            DIRECTOR  
Name            MARTIN, TERRY  
Address        1430 SHEAFE AVENUE, NE  
City-State-Zip: PALM BAY FL 32905-3739

Title            DIRECTOR  
Name            GAETA, CHRISTINA  
Address        1430 SHEAFE AVENUE, NE  
City-State-Zip: PALM BAY FL 32905-3739

Title            SECRETARY  
Name            JACKSON, CYNTHIA  
Address        1430 SHEAFE AVENUE, NE  
City-State-Zip: PALM BAY FL 32905-3739

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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:** LYNDA PATNOAD

**PRESIDENT**

03/06/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            SNODGRASS, TIFFANY  
Address        1430 SHEAFE AVENUE, NE  
City-State-Zip: PALM BAY FL 32905-3739