

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000005133

**Entity Name:** OAKWOOD COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

500 ORCHID SPRINGS DRIVE  
WINTER HAVEN, FL 33884

**Current Mailing Address:**

500 ORCHID SPRINGS DRIVE  
WINTER HAVEN, FL 33884 US

**FEI Number:** 65-0461828

**Certificate of Status Desired:** No

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

STAMBAUGH, INC.  
500 ORCHID SPRINGS DRIVE  
WINTER HAVEN, FL 33884 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           TREASURER  
Name           BARTOLETTI, LARRY  
Address        500 ORCHID SPRINGS DRIVE  
City-State-Zip: WINTER HAVEN FL 33884

Title           PRESIDENT  
Name           MCCOLLUM, ROB  
Address        500 ORCHID SPRINGS DRIVE  
City-State-Zip: WINTER HAVEN FL 33884

Title           SECRETARY  
Name           HAINES, CAROL  
Address        500 ORCHID SPRINGS DRIVE  
City-State-Zip: WINTERR HAVEN FL 33884

Title           VP  
Name           WHITFIELD, GEORGE  
Address        500 ORCHID SPRINGS DRIVE  
City-State-Zip: WINTER HAVEN FL 33884

Title           DIRECTOR  
Name           MOYE, HUGH  
Address        500 ORCHID SPRINGS DRIVE  
City-State-Zip: WINTER HAVEN FL 33884

*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:** ROB MCCOLLUM

**PRESIDENT**

**04/25/2023**

Electronic Signature of Signing Officer/Director Detail

Date