


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90072 038 ****61.25

DOCUMENT # 720317			
1. Entity Name OAK GROVE VILLAGE PARK, INC.			
Principal Place of Business 1711 NE 134 ST TRENTON, FL 32693 US		Mailing Address 13250 NE 15 TERRACE TRENTON, FL 32693 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GRUBAUGH, LAVERNE 13250 NE 15 TERRACE TENTON, FL 32693		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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GRUBAUGH, LAVERNE 13250 NE 15 TERRACE TRENTON, FL 32693 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EDWARDS, HAROLD 13350 NE 15 TERRACE TRENTON, FL 32693 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLOUGH, CHARLES 13430 NE 16 AVE TRENTON, FL 32693 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WINGROVE, JACK 13311 NE 18 AVE. TRENTON, FL 32693 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TASKER, JOHN 13460 NE 16 AVE TRENTON, FL 32693 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POUNDS, BOBBIE 13360 NE 18 TERRACE TRENTON, FL 32693 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARKE, ROBERT 1531 NE 134 LANE TRENTON, FL 32693 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRUBAUGH, GORDON 13250 NE 15 TERRACE TRENTON, FL 32693 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLS, RICHARD 13391 NE 15 AVE TRENTON, FL 32693 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANNING, BARNEY 13430 NE 15 TERRACE TRENTON, FL 32693 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WALLACE, THOMAS 1711 NE 132 LANE TRENTON, FL 32693 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOLTZ, BONNIE 13331 NE 17 AVE. TRENTON, FL 32693 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <i>Laverne Grubough</i> (LAVERNE GRUBAUGH)		Date: 3/14/07	Daytime Phone #: 352-490-9803

ATTACHMENT

40041661

OAK GROVE VILLAGE PARK, INC.
1711 NE 134 STREET
TRENTON, FL 32693 US

DOCUMENT # 720317

ADDITION TO #11

VP - DEIST, GREGORY
13371 NE 17 AVE.
TRENTON, FL 32693