

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 720317

**Entity Name:** OAK GROVE VILLAGE PARK, INC.

**Current Principal Place of Business:**

1711 NE 134 ST  
TRENTON, FL 32693

**Current Mailing Address:**

13460 NE 16TH TERRACE  
TRENTON, FL 32693 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

SIGLER, SHIRLEY M  
13351 NE 16TH AVENUE  
TRENTON, FL 32693 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: SHIRLEY M SIGLER**

**03/01/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ST  
Name SIGLER, SHIRLEY  
Address 13351 NE 16TH AVENUE  
City-State-Zip: TRENTON FL 32693

Title P  
Name BAKER, GARY  
Address 13460 NE 16TH TERRACE  
City-State-Zip: TRENTON FL 32693

Title VP  
Name POPE, RICHARD  
Address 13350 NE 16TH AVENUE  
City-State-Zip: TRENTON FL 32693

Title DIRECTOR  
Name MAUPIN, JAMES  
Address 13370 NE 17TH COURT  
City-State-Zip: TRENTON FL 32693

Title DIRECTOR  
Name WENDT, CHARLES  
Address 13330 NE 15TH AVENUE  
City-State-Zip: TRENTON FL 32693

Title DIRECTOR  
Name ROTH, DEAN  
Address 1770 NE 132 LANE  
City-State-Zip: TRENTON FL 32693

Title DIRECTOR  
Name POPE, KATHLENE  
Address 13350 NE 16TH AVENUE  
City-State-Zip: TRENTON FL 32693

Title DIRECTOR  
Name SIGLER, JOHN  
Address 13351 NE 16TH AVENUE  
City-State-Zip: TRENTON FL 32693

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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: SHIRLEY M SIGLER**

**SECRETARY/TREASURER 03/01/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           MCCLAIN, ED  
Address        13351 NE 19TH AVENUE  
City-State-Zip: TRENTON FL 32693

Title           DIRECTOR  
Name           HOLDEN, PATRICK  
Address        13391 NE 18TH TERRACE  
City-State-Zip: TRENTON FL 32693