# 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.

TREASURER

SIGNATURE: MIKE LAWRENCE

Electronic Signature of Signing Officer/Director Detail

# FEI Number: 59-2164488 Name and Address of Current Registered Agent:

LAWRENCE, MIKE 150 DAL HALL BLVD LAKE PLACID, FL 33852 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: MIKE LAWRENCE

Electronic Signature of Registered Agent

### **Officer/Director Detail :**

TREASURER Title Name LAWRENCE, MIKE Address 150 DAL HALL BLVD City-State-Zip: LAKE PLACID FL 33852

03/13/2016

03/13/2016

### 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT# 757473**

#### Entity Name: OAKWOOD VILLAS HOMEOWNERS ASSOCIATION, INC.

#### **Current Principal Place of Business:**

115 VOSS CT SEBRING, FL 33876

# **Current Mailing Address:**

150 DAL HALL BLVD LAKE PLACID. FL 33852 US

Date

Date

FILED Mar 13, 2016 Secretary of State CC6482578315

Certificate of Status Desired: No