


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90008 011 ****61.25

DOCUMENT # N10849

1. Entity Name
OAK FOREST VILLAS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

**1055 OAK FORST DR
 NAPLES FL 34104
 US** **1055 OAK FORST DR
 NAPLES FL 34104
 US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

59-2575673 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

**TWADDLE, JOHN D
 1037 OAK FOREST DR
 NAPLES FL 34104**

7. Name and Address of New Registered Agent

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 *John D. Twaddle* *2-20-04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

**Make Check Payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PITTMAN, GEORGE <input checked="" type="checkbox"/> Delete 1031 OAK FOREST DR NAPLES FL 34104
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FRASER, VICKI <input type="checkbox"/> Delete 1035 OAK FOREST DR NAPLES FL 34104
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD EDGETT, YVONNE <input type="checkbox"/> Delete 1035 OAK FOREST DR NAPLES FL 34104
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD TWADDLE, JOHN D <input type="checkbox"/> Delete 1037 OAK FOREST DRIVE NAPLES FL 34104
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEBORAH GREEN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1026 OAK FOREST DR NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *John D. Twaddle* *2-20-04* *239-775-8465*

Signature and typed or printed name of signing officer or director Date Daytime Phone #