


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N10849 1. Entity Name OAK FOREST VILLAS HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 1055 OAK FORST DR NAPLES, FL 34104 US	Mailing Address 1055 OAK FORST DR NAPLES, FL 34104 US
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**DO NOT WRITE IN THIS SPACE**



02222006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2575673	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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* DATE: 4-19-06

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

**Filing Fee is \$61.25 Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	GREEN, DEBORAH
STREET ADDRESS	1026 OAK FOREST DR.
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	VD
NAME	COOK, MICHAEL
STREET ADDRESS	1024 OAK FOREST DR.
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	PD
NAME	PITTMAN, GEORGE
STREET ADDRESS	1031 OAK FOREST DR
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	TD
NAME	TWADDLE, JOHN D
STREET ADDRESS	1037 OAK FOREST DRIVE
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	SD
NAME	YERGEY, MAUREEN
STREET ADDRESS	1004 OAK FOREST DR
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000530882  
05/06/06-80016-010 61.25

**DO NOT WRITE IN THIS SPACE**

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: *John D Twaddle* DATE: 4-19-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR