


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90020 029 \*\*\*\*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 - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number <b>59-2575673</b>		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
<b>TWADDLE, JOHN D</b> <b>1037 OAK FOREST DR</b> <b>NAPLES FL 34104</b>			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 reinstating) _____ DATE _____						
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make Check Payable to Florida Department of State</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VD <input type="checkbox"/> Delete	TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<del>GREEN, DEBORAH</del> →	NAME	RIDOUT, DEBORAH			
STREET ADDRESS	1026 OAK FOREST DR.	STREET ADDRESS				
CITY-ST-ZIP	NAPLES FL 34104	CITY-ST-ZIP				
TITLE	VD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	COOK, MICHAEL →	NAME				
STREET ADDRESS	1024 OAK FOREST DR	STREET ADDRESS				
CITY-ST-ZIP	NAPLES FL 34104	CITY-ST-ZIP				
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	PITTMAN, GEORGE	NAME	D WELLS, TAYLOR -			
STREET ADDRESS	1031 OAK FOREST DR	STREET ADDRESS	1011 OAK FOREST DR			
CITY-ST-ZIP	NAPLES FL 34104	CITY-ST-ZIP	NAPLES, FL 34104			
TITLE	TD <input type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	TWADDLE, JOHN D	NAME	McCausland, FRANCINE			
STREET ADDRESS	1037 OAK FOREST DRIVE	STREET ADDRESS	1002 OAK FOREST DR.			
CITY-ST-ZIP	NAPLES FL 34104	CITY-ST-ZIP	Naples, FL 34104			
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE				
NAME	YERGEY, MAUREEN	NAME				
STREET ADDRESS	1004 OAK FOREST DR	STREET ADDRESS				
CITY-ST-ZIP	NAPLES FL 34104	CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete	TITLE				
NAME		NAME				
STREET ADDRESS		STREET ADDRESS				
CITY-ST-ZIP		CITY-ST-ZIP				



1st MOORE CR2E037 (10/06)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 2/18/07 239-775-8465  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #