


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90117 028 ****61.25

DOCUMENT # N10849			
1. Entity Name OAK FOREST VILLAS HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 1055 OAK FORST DR NAPLES FL 34104 US		Mailing Address 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	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<i>LOP</i> TWADDLE, JOHN D 1037 OAK FOREST DR 13010 POSITION DR NAPLES FL 34104 UNIT 107 #1105		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: <i>John D Twaddle</i> DATE: 4-11-08 <small>(Print name of registered agent, if applicable. (NOTE: Registered Agent signature required when constituting)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIDOUT, DEBORAH	NAME	
STREET ADDRESS	1026 OAK FOREST DR.	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34104	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input 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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, TAYLOR	NAME	
STREET ADDRESS	1011 OAK FOREST DR	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34104	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TWADDLE, JOHN D	NAME	
STREET ADDRESS	1037 OAK FOREST DRIVE	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34104	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAUSLOND, FRANCINE	NAME	
STREET ADDRESS	1002 OAK FOREST DR	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34104	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 empowerments.			
SIGNATURE: <i>John D Twaddle</i>		4-11-08 239-269-6661	