

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10849

**Entity Name:** OAK FOREST VILLAS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1055 OAK FORST DR  
NAPLES, FL 34104

**FILED**  
**Apr 28, 2013**  
**Secretary of State**  
**CC2522420235**

**Current Mailing Address:**

PROFESSIONAL COMMUNITY SERVICE OF SW FL  
PO BOX 110156  
NAPLES, FL 34108 US

**FEI Number:** 59-2575673

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WHITE, WILLIAM DCAM  
2310 DELLA DRIVE  
NAPLES, FL 34117 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title TD  
Name DEAVER, FREDERICK W  
Address 1053 OAK FOREST DR  
City-State-Zip: NAPLES FL 34104

Title VPD  
Name WELLS, TAYLOR  
Address 1011 OAK FOREST DR  
City-State-Zip: NAPLES FL 34104

Title PD  
Name ERICKSON, RICHARD  
Address 1015 OAK FOREST DR  
City-State-Zip: NAPLES FL 34104

Title SMA  
Name WHITE, WILLIAM DCAM  
Address PO BOX 110156  
City-State-Zip: NAPLES FL 34108

*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.*

**SIGNATURE:** WILLIAM D. WHITE

**SECRETARY**

**04/28/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date