

**FILED**  
**May 15, 2003 8:00 am**  
**Secretary of State**

05-15-2003 90113 006 \*\*\*\*61.25

**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N10849**  
 1. Entity Name  
**OAK FOREST VILLAS HOMEOWNERS ASSOCIATION, INC.**



**90135095**

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

3. Mailing Address



CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

City & State

4. FEI Number **59-2575673** Applied For  Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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* DATE **5-1-03**

FILE NOW: FEE IS \$61.25

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	<input type="checkbox"/> Delete	TITLE <b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PITTMAN, GEORGE		NAME	
STREET ADDRESS 1031 OAK FOREST DR		STREET ADDRESS	
CITY-ST-ZIP NAPLES, FL 34104		CITY-ST-ZIP	
TITLE VPD	<input type="checkbox"/> Delete	TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRASER, VICKI		NAME	
STREET ADDRESS 1035 OAK FOREST DR		STREET ADDRESS	
CITY-ST-ZIP NAPLES, FL 34104		CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> Delete	TITLE <b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EDGETT, YVONNE		NAME	
STREET ADDRESS 1035 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	<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	
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 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 to an address, with all other like empowered.

SIGNATURE *John D. Twaddle* DATE **5-1-03** DAYTIME PHONE # **239-775-8465**

CFR2E037 (10/02)