


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90246 034 ****61.25

DOCUMENT # N32409

1. Entity Name
OAKWOOD VILLAGE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**4401 N RATH RVE PT
 BEVERLY HILLS, FL 34465 US**

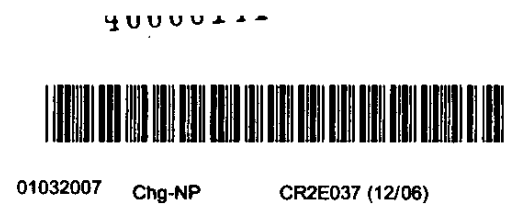
Mailing Address
**PO BOX 640605
 BEVERLY HILLS, FL 34465 US**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



6. Name and Address of Current Registered Agent

**WILLIS, WILLIAM J
 4401 N RATH RVE PT
 BEVERLY HILLS, FL 34465**

4. FEI Number
59-2951636

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name **Willis, William J**
 Street Address (P.O. Box Number is Not Acceptable)
4401 N. RATH RVE PT
 City **Beverly Hills** FL Zip Code **34465**

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 *William J Willis* DATE **1-05-07**

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, 2007**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETERSON, PETER 882 W COLBERT DR BEVERLY HILLS, FL 34465	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HANIFIN, GEORGE 4219 N BRYNER PASS BEVERLY HILLS, FL 34465	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JAUSHER, SANDY 4442 N BACALL LOOP BEVERLY HILLS, FL 34465	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIS, WILLIAM 4401 N RATH RVE PT BEVERLY HILLS, FL 34465	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKS, DONALD 578 N MAC WEST DR BEVERLY HILLS, FL 34465	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENKER, LOUISE 4205 N MAC WEST DR BEVERLY HILLS, FL 34465	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P George HANI Faw. 4219 N. BRYNER PASS Beverly Hills FL 34465	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DONNA D'ONOFRIO 581 W. GARDO LN. Beverly Hills FL 34465	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	John Perry D John Perry 938 W ART CANNWAY WAY Beverly Hills FL 34465	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ED BAUSHER 4442 N BACALL LOOP Beverly Hills FL 34465	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *William J Willis* **William J. Willis** DATE **1-05-07** DAYTIME PHONE # **352-7703370**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR