


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 07, 2008 8:00 am**  
**Secretary of State**

01-07-2008 90038 034 \*\*\*\*61.25

<b>DOCUMENT # N32409</b>			
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 #		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	
WILLIS, WILLIAM J 4401 N RATH RVE PT BEVERLY HILLS, FL 34465		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u>WILLIAM WILLIS T</u>		DATE <u>1-5-2008</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 NAME STREET ADDRESS CITY-ST-ZIP	P HANIFEN, GEORGE 4219 N. BUYNER PASS BEVERLY HILLS, FL 34465 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D'ONOFRIO, DONNA 531 W GARBO LN Beverly Hills, FL 34465 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V D'ONOFRIO, DONNA 531 W. GARBO LN BEVERLY HILLS, FL 34465 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANN PANASIK 623 W. Garbo LN Beverly Hills FL 34465 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRY, JOHN 938 W ART CARNAY WAY BEVERLY HILLS, FL 34465 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKS, DONALD 578 N MAC WEST DR BEVERLY HILLS, FL 34465 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ART. <del>GRAISBERY</del> 4255 N. MAE WEST WAY Beverly Hills FL 34465 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUSHER, ED 4442 N. BACALL LOOP BEVERLY HILLS, FL 34465 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: <u>William Willis</u>		Date <u>1-5-2008</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <u>352-270-3370</u>	