2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

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

DOCUMENT # N32409 1. Entity Name OAKWOOD VILLAGE HOMEOWNERS' ASSOCIATION, INC.					01-07-2008 9	90038 034 ****61.	25	
Principal Place of Business 4401 N RATH RVE PT BEVERLY HILLS, FL 34465 US Mailing Address PO BOX 640605 BEVERLY HILLS, FL 34465			65 US	••				
2. Principal Place of Business - No P.O. Box # 3. Mail		3. Mailing Address		I INDIAINA NA NA BAN	A SIAIN BIRZI BOILU IDI	I BIBII BIBII BIBII BIBII BIBI		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042008	Chg-NP	CR2E037 (12/06)		
City & State		City & State		4. FEI Number 59-29516	36	⊢ →	oplied For of Applicable	
Zip	Country	Zīp	Country	5. Certificate of	Status Desired	□ \$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent		7. Name and Ad	dress of New R	Registered Agent		
WILLIS, WILLIAM J			Name	Name				
4401 N RATH RVE PT BEVERLY HILLS, FL 34465			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
DEACIVE	11100, 10 01100							
			City	FL Zip Code				
	named entity submits this statement folions of registered agent. William William		egistered office or regi	gistered agent, or both, i	in the State of Fl	orida. I am familiar with,		
SIGNATURE		•						
oldi Willone 1	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature rec	quired when reinstating)		DATE		
	Signature, typed or printed name of registered agent. Filling Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	•	DATE lake check payable t rida Department of S	0	
10.	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees ADDITIONS/CHAN	Floo GES TO OFFICE	lake check payable t	o tate	
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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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MAKE OF BIOLING OFFICER OR DIRECTOR

Date

Description 19. Florida Statutes. I further certify that the information inclinated in Chapter 119. Florida Statutes. I further certify that the information inclinated in Chapter 119. Florida Statutes. I further certify that the information inclinated in Chapter 119. Florida Statutes. I further certify that the information inclinated in Chapter 119. Florida Statutes. I further certify that the information inclinated in Chapter 119. Florida Statutes. I further certify that the information inclinated in Chapter 119. Florida Statutes. I further certify 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 chapter 119. Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 119. Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 119. Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 119. Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 119. Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 119. Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 119. Florida Statutes, and that my name appears in Blo

SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

Date

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