2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001553

FILED Apr 18, 2005 Secretary of State

Entity Name: OAKWOOD ACRES PROPERTY OWNERS' ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 2264 SW OAK RIDGE ROAD 15499 OAKCREST CIRCLE PALM CITY, FL 34990 BROOKSVILLE, FL 34604 **Current Mailing Address: New Mailing Address:** 2264 SW OAK RIDGE ROAD 15499 OAKCREST CIRCLE PALM CITY, FL 34990 BROOKSVILLE, FL 34604 FEI Number: 01-0640434 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: HANSEN, CARL WILLIAMS, GLORIA 2264 SW OAK RIDGE ROAD 15499 OAKCREST CIRCLE PALM CITY, FL 34990 US BROOKSVILLE, FL 34604 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: GLORIA WILLIAMS 04/18/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HANSEN, CARL Name: Name: 2264 SW OAK RIDGE ROAD Address: Address: City-St-Zip: PALM CITY, FL 34990 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: WHITNEY, JOSHUA Name: WHITNEY, JOSHUA Address: 4234 GLOUCESTER ROAD Address: 6304 BENJAMIN ROAD, #505 City-St-Zip: SPRING HILL, FL 346078010 City-St-Zip: TAMPA, FL 33634 Title: () Delete Title: () Change () Addition WILLIAMS, GLORIA Name: Name: 15499 OAKCREST CIRCLE Address: Address: City-St-Zip: BROOKSVILLE, FL 34609 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CARL HANSEN D 04/18/2005