## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000001553

FILED May 14, 2007 Secretary of State

Entity Name: OAKWOOD ACRES PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

4233 GLOUCESTER RD 15375 OAK CREST CIRCLE BROOKSVILLE, FL 34604 BROOKSVILLE, FL 34604

Current Mailing Address: New Mailing Address:

4233 GLOUCESTER RD 15375 OAK CREST CIRCLE BROOKSVILLE, FL 34604 BROOKSVILLE, FL 34604

FEI Number: 01-0640434 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILLIAMS, GLORIA

4233 GLOUCESTER RD

BROOKSVILLE, FL 34604 US

GALBRAITH, PATRICIA A
15375 OAK CREST CIRCLE
BROOKSVILLE, FL 34604 US

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: PATRICIA A. GALBRAITH 05/14/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: WHITNEY, JOSHUA Name: GALBRAITH, PATRICIA A Address: 6304 BENJAMIN ROAD, #505 Address: 15375 OAK CREST CIRCLE

City-St-Zip: TAMPA, FL 33634 City-St-Zip: BROOKSVILLE, FL 34604

Title: () Delete Title: (X) Change ( ) Addition Name: WILLIAMS, GLORIA Name: ROTH, DOUGLAS Address: 4233 GLOUCESTER RD Address: 15298 HIBURN STREET City-St-Zip: BROOKSVILLE, FL 34604 City-St-Zip: BROOKSVILLE, FL 34604

Title: D ( ) Change (X) Addition

 Name:
 Name:
 HENCHEY, STEPHANIE

 Address:
 Address:
 4452 HANSON TRAIL

 City-St-Zip:
 City-St-Zip:
 BROOKSVILLE, FL 34604

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PATRICIA A. GALBRAITH D 05/14/2007