

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 10, 2009  
Secretary of State**

DOCUMENT# N01000001553

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

**Current Principal Place of Business:**

15375 OAK CREST CIRCLE  
BROOKSVILLE, FL 34604

**New Principal Place of Business:**

**Current Mailing Address:**

15375 OAK CREST CIRCLE  
BROOKSVILLE, FL 34604

**New Mailing Address:**

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

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

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

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: GALBRAITH, PATRICIA A  
Address: 15375 OAK CREST CIRCLE  
City-St-Zip: BROOKSVILLE, FL 34604

Title: D      ( ) Delete  
Name: ROTH, DOUGLAS  
Address: 15298 HIBURN STREET  
City-St-Zip: BROOKSVILLE, FL 34604

Title: D      ( ) Delete  
Name: HENCHEY, STEPHANIE  
Address: 4452 HANSON TRAIL  
City-St-Zip: BROOKSVILLE, FL 34604

Title: E      ( ) Delete  
Name: SEGOVIA, JAMES  
Address: 15365 OAKCREST CIR  
City-St-Zip: BROOKSVILLE, FL 34604

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JAMES SEGOVIA

E

04/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date