

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000010461

FILED
Apr 09, 2009
Secretary of State

Entity Name: OAK BLUFF ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2720 PARK STREET SUITE 206
JACKSONVILLE, FL 32205

New Principal Place of Business:

2771-29 MONUMENT ROAD
321
JACKSONVILLE, FL 32225

Current Mailing Address:

2720 PARK STREET SUITE 206
JACKSONVILLE, FL 32205

New Mailing Address:

2771-29 MONUMENT ROAD
321
JACKSONVILLE, FL 32225

FEI Number: 20-1640412 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:

SMITH, DEBBIE
2720 PARK STREET SUITE 206
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

KICKLIGHTER, BETH A
2771-29 MONUMENT ROAD
321
JACKSONVILLE, FL 32225 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: BETH A FOSTER

04/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KICKLIGHTER, STEVEN D
Address: 9951 ATLANTIC BLVD SUITE 319
City-St-Zip: JACKSONVILLE, FL 32225

Title: DV () Delete
Name: LYONS, JAY
Address: 2720 PARK STREET SUITE 206
City-St-Zip: JACKSONVILLE, FL 32205

Title: DST () Delete
Name: SMITH, DEBBIE
Address: 2720 PARK STREET SUITE 206
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: KICKLIGHTER, BETH A
Address: 2771-29 MONUMENT ROAD
City-St-Zip: JACKSONVILLE, FL 32225

Title: DV (X) Change () Addition
Name: RODRIGUEZ, JENNIFER
Address: 2771-29 MONUMENT RD #321
City-St-Zip: JACKSONVILLE, FL 32225

Title: DST (X) Change () Addition
Name: ROSKE, KAREN
Address: 2771-29 MONUMENT RD #321
City-St-Zip: JACKSONVILLE, FL 32225

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: BETH A KICKLIGHTER

DP

04/09/2009

Electronic Signature of Signing Officer or Director

Date