

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N37079 (3)
 1. Corporation Name
OAK WOODLANDS PROPERTY OWNERS ASSOCIATION, INC.

FILED
 96 SEP 11 PM 1:08



Principal Place of Business Mailing Address
 RT. 1, BOX 600 JENNINGS FL 32053 RT. 2, BOX 600 JENNINGS FL 32053

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

3. Date incorporated or Qualified 03/05/1990 3a. Date of Last Report 01/11/1995
 4. FEI Number 59-3086232 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
~~HENDRICK, PAUL
 111 S. CENTRAL AVENUE
 SUITE 1
 JASPER FL 32052~~

10. Name and Address of New Registered Agent
 81 Name **Ronald H. RATLIFF**
 82 Street Address (P.O. Box Number is Not Acceptable) **Rt. 2, Box 141A**
 83
 84 City **JASPER** FL 85 Zip Code **32052**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
 SIGNATURE *Ronald H. Ratliff* DATE **8/6/96**
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RATLIFF, RONALD	
STREET ADDRESS	ROUTE 2 BOX 141A	
CITY-ST-ZIP	JASPER FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HENDRICK, DOLORES	
STREET ADDRESS	RT. 2, BOX 600	
CITY-ST-ZIP	JENNINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOODY, JAMES M	
STREET ADDRESS	RT. # 2 Box 600	
CITY-ST-ZIP	JASPER FL JENNINGS, FL. 32053	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Walter G. Autrey, III	
STREET ADDRESS	Rt. 2 Box 4310	
CITY-ST-ZIP	Jennings, Florida 32053	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	900001953919	
1.4 CITY-ST-ZIP	-09/24/96--01002--012	
2.1 TITLE	*****61.25 *****61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.
 SIGNATURE: *Ronald H. Ratliff* DATE: **8/6/96** DAYTIME PHONE #: **904-938-1300**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **RONALD H. RATLIFF**
 0001085

CR2E037 (3/96)