


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90150 004 \*\*\*\*61.25

<b>DOCUMENT # N37079</b>			
1. Entity Name OAK WOODLANDS PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business PO BOX 197 JENNINGS FL 32053 US		Mailing Address PO BOX 197 JENNINGS FL 32053 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  HALL, ALLEN 2876 NW 34TH BLVD. JENNINGS FL 32053		7. Name and Address of New Registered Agent Name <u>Doreen M. Eastman</u> Street Address (P.O. Box Number is Not Acceptable) <u>3708 NW 27th Lane</u> City <u>Jennings</u> FL Zip Code <u>32053</u>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Doreen M. Eastman</u> DATE <u>4-5-05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD DOUGLASS, JANET W 3324 BEMISS RD VALDOSTA GA 31605 <input checked="" type="checkbox"/> Delete	TITLE	<u>P</u> Bruce McClracken <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<u>4131 CLYATTVILLE WALKING RD</u>
STREET ADDRESS		STREET ADDRESS	<u>VALDOSTA, GA. 31601</u>
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D BOND, FORD <input checked="" type="checkbox"/> Delete	TITLE	<u>VP</u> Mary Keidel <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<u>3400 NW 29th Court</u>
STREET ADDRESS		STREET ADDRESS	<u>Jennings, FL 32053</u>
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D HALL, ALLEN <input checked="" type="checkbox"/> Delete	TITLE	<u>T</u> Roger Willis <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<u>3357 NW 20th PLACE</u>
STREET ADDRESS		STREET ADDRESS	<u>Jennings, FL 32053</u>
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<u>S</u> Doreen Eastman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<u>3708 N.W. 27th Lane</u>
STREET ADDRESS		STREET ADDRESS	<u>Jennings, FL 32053</u>
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Doreen M. Eastman</u>		DATE: <u>4-5-05</u> DAYTIME PHONE #: <u>386-938-4364</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

