

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

APPROVED AND FILED  
 01/16-2007 90204 005 \*\*\*\*70.00

**DOCUMENT # N37079**  
 1. Entity Name  
**OAK WOODLANDS PROPERTY OWNERS ASSOCIATION, INC.**



07 FEB -9 AM 8:41

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

*RSE pg 192*

Principal Place of Business  
 PO BOX 197  
 3357 NW 20TH PLACE  
 JENNINGS, FL 32053 US

Mailing Address  
 PO BOX 197  
 JENNINGS, FL 32053 US



01062007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #  
**3829 NW 21st Circle**

3. Mailing Address  
**PO Box 197**

Suite, Apt. #, etc.

City & State  
**Jennings FL**

City & State  
**Jennings FL**

4. FEI Number  
**59-3086232**

Applied For  
 Not Applicable

Zip  
**32053**

Country  
**Hamilton**

Zip  
**32053**

Country  
**Hamilton**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIS, MARION R T**  
**3357 NW 20TH PLACE**  
**JENNINGS, FL 32053**

Name  
**Karen Edwards**

Street Address (P.O. Box Number is Not Acceptable)  
**3311 NW 25th Terrace**

City  
**Jennings FL** Zip Code  
**32053**

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 *Karen Edwards* DATE 1/11/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution.  \$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 NAME STREET ADDRESS CITY-ST-ZIP	P MCCRACKEN, BRUCE 6131 CEYATVILLE NANKIN RD VALDOSTA, GA 31601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P McCracken Bruce 6131 Ceyattville Nankin Rd Valdosta GA 31601 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KEIDEL, MARY 3400 NW 29TH COURT JENNINGS, FL 32053 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant T/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EASTMAN, DOREEN 3708 NW 27TH LANE JENNINGS, FL 32053 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUMNER, DALE 3668 NW 20th Place Jennings FL 32053 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer/Secretary Edwards, Karen 3311 NW 25th Terrace Jennings FL 32053 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD MEMBER/DIR Edwards, James 3311 NW 25th Terrace Jennings FL 32053 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD MEMBER/DIR Neeley, Tom 3438 NW 20th Way Jennings FL 32053 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 49, 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: *Karen Edwards* DATE 1/11/07 DAYTIME PHONE # 386-938-5245

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR


*Document corrected per Karen Edwards. RSE*

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**ATTACHMENT**

*Additional member*

*pg 2 of 2*

<b>DOCUMENT # N37079</b> 1. Entity Name <b>OAK WOODLANDS PROPERTY OWNERS ASSOCIATION, INC.</b>			
Principal Place of Business PO BOX 197 <del>3357 NW 20TH PLACE</del> JENNINGS, FL 32053 US		Mailing Address PO BOX 197 JENNINGS, FL 32053 US	
2. Principal Place of Business - No P.O. Box # <i>3829 NW 21st Circle</i>		3. Mailing Address <i>PO Box 197</i>	
City & State <i>Jennings FL</i>		City & State <i>Jennings FL</i>	
4. FEI Number 59-3086232		Applied For Not Applicable	
Zip <i>32053</i>		Country <i>Hamilton</i>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIS, MARION R T 3357 NW 20TH PLACE JENNINGS, FL 32053		7. Name and Address of New Registered Agent Name <i>Karen Edwards</i> Street Address (P.O. Box Number is Not Acceptable) <i>3311 NW 25th Terrace</i> City <i>Jennings</i> FL Zip Code <i>32053</i>	
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 <i>Karen Edwards</i> DATE <i>1/11/07</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KEIDEL, MARY 3400 NW 29TH COURT JENNINGS, FL 32053	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Karen Edwards</i>		DATE: <i>1/11/07</i> DAYTIME PHONE: <i>386 938 5245</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			