


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90046 014 ****70.00

DOCUMENT # N37079

1. Entity Name
OAK WOODLANDS PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
3829 NW 21ST CIRCLE
JENNINGS, FL 32053 US

Mailing Address
P O BOX 197
JENNINGS, FL 32053 US



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04012008 Chg-NP CR2E037 (12/06)

City & State
 City & State

Zip Country Zip Country

4. FEI Number
59-3086232

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

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

EDWARDS, KAREN
3311 NW 25TH TERRACE
JENNINGS, FL 32053

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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* *Karen Edwards* *3/31/08*

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

Filing Fee is \$61.25
Due by May 1, 2008

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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCRACKEN, BRUCE 6131 CLYATTVILLE NANKIN RD VALDOSTA, GA 31601	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST KEIDEL, MARY 3400 NW 29TH COURT JENNINGS, FL 32053	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SUMNER, DALE 3668 NW 20TH PLACE JENNINGS, FL 32053	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS EDWARDS, KAREN 3311 NW 25TH TERRACE JENNINGS, FL 32053	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, JAMES 3311 NW 25TH TERRACE JENNINGS, FL 32053	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEELEY, TOM 3438 NW 26TH WAY JENNINGS, FL 32053	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thornton, Bruce 3037 NW 31th Blvd Jennings FL 32053	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bateman, Bob 3079 NW 22nd Lane Jennings FL 32053	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or without other like empowered.

SIGNATURE: *Karen Edwards* *Karen Edwards* *3/31/08* *386-938-5245*

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #