

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE DISMISSAL: \$51.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25)

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
Oct 08 1998 8:00am
Secretary of State

0000239

DOCUMENT # N37079

(3)

1. Corporation Name

OAK WOODLANDS PROPERTY OWNERS ASSOCIATION, INC.

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

24 | Suite, Apt. #, etc.

26 | Suite, Apt. #, etc.

22 | City & State

27 | City & State

23 | Zip | Country

28 | Zip | Country

24 | 25 |

29 | 30 |

9. Name and Address of Current Registered Agent

RATLIFF, RONALD H
RT. 2 BOX 141A
JASPER FL 32052

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

03/05/1990

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

7. Is this nonprofit corporation a homeowners association?

Yes [] No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [] Yes [] No

10. Name and Address of New Registered Agent

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

Signature type for printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE: PD
 NAME: RATLIFF, RONALD
 STREET ADDRESS: ROUTE 2 BOX 141A
 CITY-STATE-ZIP: JASPER FL
 TITLE: D
 NAME: MOODY, JAMES M
 STREET ADDRESS: RT. 2 BOX 600
 CITY-STATE-ZIP: JENNINGS FL 32053
 TITLE: D
 NAME: AUTREY, WALTER G III
 STREET ADDRESS: RT. 2 BOX 4310
 CITY-STATE-ZIP: JENNINGS FL 32053
 TITLE: [] DELETE
 NAME: [] DELETE
 STREET ADDRESS: [] DELETE
 CITY-STATE-ZIP: [] DELETE
 TITLE: [] DELETE
 NAME: [] DELETE
 STREET ADDRESS: [] DELETE
 CITY-STATE-ZIP: [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE [] Change [] Addition
 12 NAME [] Change [] Addition
 13 STREET ADDRESS [] Change [] Addition
 14 CITY-STATE-ZIP [] Change [] Addition
 21 TITLE [] Change [] Addition
 22 NAME [] Change [] Addition
 23 STREET ADDRESS [] Change [] Addition
 24 CITY-STATE-ZIP [] Change [] Addition
 31 TITLE [] Change [] Addition
 32 NAME [] Change [] Addition
 33 STREET ADDRESS [] Change [] Addition
 34 CITY-STATE-ZIP [] Change [] Addition
 41 TITLE [] Change [] Addition
 42 NAME [] Change [] Addition
 43 STREET ADDRESS [] Change [] Addition
 44 CITY-STATE-ZIP [] Change [] Addition
 51 TITLE [] Change [] Addition
 52 NAME [] Change [] Addition
 53 STREET ADDRESS [] Change [] Addition
 54 CITY-STATE-ZIP [] Change [] Addition
 61 TITLE [] Change [] Addition
 62 NAME [] Change [] Addition
 63 STREET ADDRESS [] Change [] Addition
 64 CITY-STATE-ZIP [] Change [] Addition

14. 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 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* PRESIDENT
 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/98
 Date

904-978-1300
 Daytime Phone #

CR2E037 (5/98)