

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90050 044 ****61.25

DOCUMENT # N37079

1. Entity Name

OAK WOODLANDS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

**4010 NW 21ST CIR
 JENNINGS FL 32053
 US**

Mailing Address

**4010 NW 21ST CIR
 JENNINGS FL 32053-2851
 US**

2. Principal Place of Business

P. O. Box 197

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 197

Suite, Apt. #, etc.

City & State

Jennings, Florida

Zip Country
32053 USA

City & State

Jennings, Florida

Zip Country
32053 USA

4. FEI Number

59-3086232

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

Name

Louise R. Adams

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

3305 NW 23rd Court

City

Jennings, Florida

FL

Zip Code
32053

7. Name and Address of New Registered Agent

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.

SIGNATURE **Louise R. Adams, President**

Signature, typed or printed name of registered agent and title if applicable.

Louise R. Adams

(NOTE: Registered Agent signature required when reinstating)

January 5, 2000

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RATLIFF, RONALD	
STREET ADDRESS	ROUTE 2 BOX 141A	
CITY-ST-ZIP	JASPER FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOODY, JAMES M	
STREET ADDRESS	RT. 2 BOX 600	
CITY-ST-ZIP	JENNINGS FL 32053	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AUTREY, WALTER G III	
STREET ADDRESS	RT. 2 BOX 4310	
CITY-ST-ZIP	JENNINGS FL 32053	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Louise R. Adams	
STREET ADDRESS	3305 NW 23rd Court	
CITY-ST-ZIP	Jennings, Florida 32053	
TITLE	VP/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Woodrow Williams, Jr.	
STREET ADDRESS	364 NW 26th Way	
CITY-ST-ZIP	Jennings, Florida 32053	
TITLE	Secretary/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donnie Hunter	
STREET ADDRESS	3505 NW 26th Way	
CITY-ST-ZIP	Jennings, Florida 32053	
TITLE	Treasurer/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dorothy Rayl	
STREET ADDRESS	3543 NW 20th Place	
CITY-ST-ZIP	Jennings, Florida 32053	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Walls	
STREET ADDRESS	3615 NW 21st Circle	
CITY-ST-ZIP	Jennings, Florida 32053	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Louise R. Adams, President

Louise R. Adams

January 5, 2000

Date

904-938-2094

Daytime Phone #