

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90111 019 ****61.25

DOCUMENT # N37079

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3086232	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent
WILLIAMS, WOODROW
3469 NW 26TH WAY
JENNINGS FL 32053

7. Name and Address of New Registered Agent
 Name: **CHARLES B CALHOUN**
 Street Address (P.O. Box Number is Not Acceptable):
3424 NW 21st CIRCLE
JENNINGS FL 32053
 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.
 SIGNATURE: *Charles B Calhoun*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	BR DOUGLAS, CARL 3324 BENISS ROAD VALDOSTA GA 31605	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, WOODROW JR 384 NW 26TH WAY JENNINGS FL 32053	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUNTER, DONNIE 3505 NW 26TH WAY JENNINGS FL 32053	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAYL, DOROTHY 3543 NW 20TH PLACE JENNINGS FL 32053	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELLS, CHARLES 3615 NW 21ST CICLE JENNINGS FL 32053	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM KRISTOF, KEN 12401 ORANGE GROVE DR #1214 TAMPA FL 33618	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JANET W DOUGLASS 3324 BEMISS ROAD VALDOSTA GA 31605	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHARLES B CALHOUN 3214 NW 21st CIRCLE JENNINGS FL 32053	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ELIZABETH HAGAN 3350 NW 27th LANE JENNINGS FL 32053	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAROLINE TURPIN 3133 NW 22nd LANE JENNINGS FL 32053	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Charles B Calhoun*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2-5-02** Daytime Phone #: **329-242-1127**

CR2E037 (9/01)