2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 09, 2008 8:00 am Secretary of State

DOCUMENT # 768452 1. Entity Name OAKLEIGH CONDOMINIUM OWNERS' ASSOCIATION, INC.							07-09-2008 90019 006 ****61.25				
Principal Place 8370 CARL-I PENSACOLA	Address Kyline dr. Cola, fl. 32503				40109845						
2. Principal P	Pace of Business - No P.O. Box #	3. Mailing	Address								
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.				07062008	Chg-NP	CR2E03	7 (12/06)	
City & Stat	te	City 8	State				4. FEI Number 33-107				pplied For ot Applicable
Zìp	Country	Zip		Cou	ntry				\$8.75 Add Fee Require	ditional	
	6. Name and Address of Current I	Registered /	gent				7. Name and	Address of New	Registered /	gent	
ROWE, RO	OBERT M				Name						
ROWE, ROBERT M 4770 SKYLING DRIVE PENSACOLA, FL 32503					Street Address (P.O. Box Number is Not Acceptable)						
				ļ	City				FL	Zip Cod	le
	e named entity submits this statement for tions of registered agent.	the purpose	of changing its	registere	d office or r	registere	d agent, or bo	th, in the State of F	lorida. I am f	amiliar with,	, and accept
SIGNATURE Signature, typed or printed name of regulatered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) DATE											
	Signature, typed or purited name of registered agent a	nd title if applical	de. (NOTE:	Regutered	Agent rignature	e lequired y	when remstating)		DATE		
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1.2. I nereby 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 it made under cath; that I am an officer or director of the corporation or the receiver or fustee 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:	Robert Rome	Robert M. Rowe	7-7-08	478-5106
	SIGNATURE AND TYPED OR PRINTED NAME OF SIG	MING OFFICER OR DIRECTOR	Optin	Daytime Phone #
				