# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 06, 2006**
**Secretary of State**

DOCUMENT# N03000002828

**Entity Name:** OAKLEAF PLANTATION INTERCHANGE COMMERCIAL OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3020 HARTLEY ROAD
SUITE 100
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

3030 HARTLEY ROAD
SUITE 300
JACKSONVILLE, FL 32257

**Current Mailing Address:**

3020 HARTLEY ROAD
SUITE 100
JACKSONVILLE, FL 32257

**New Mailing Address:**

3030 HARTLEY ROAD
SUITE 300
JACKSONVILLE, FL 32257

**FEI Number: 57-1166169** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILSON, ERIK
3020 HARTLEY ROAD
SUITE 100
JACKSONVILLE, FL 32257 US

**Name and Address of New Registered Agent:**

WILSON, ERIK
3030 HARTLEY ROAD
SUITE 300
JACKSONVILLE, FL 32257 US

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: _____ 04/06/2006
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: WILSON, ERIK
Address: 3020 HARTLEY ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: VD ( ) Delete
Name: CROMARTIE, ROBERT A
Address: 3020 HARTLEY ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: STD ( ) Delete
Name: COX, ELINORE C
Address: 3020 HARTLEY ROAD
City-St-Zip: JACKSONVILLE, FL 32257

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: WILSON, ERIK
Address: 3030 HARTLEY ROAD SUITE 300
City-St-Zip: JACKSONVILLE, FL 32257

Title: VD (X) Change ( ) Addition
Name: CROMARTIE, ROBERT A
Address: 3030 HARTLEY ROAD SUITE 300
City-St-Zip: JACKSONVILLE, FL 32257

Title: STD (X) Change ( ) Addition
Name: COX, ELINORE C
Address: 3030 HARTLEY ROAD SUITE 300
City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELINORE C. COX STD 04/06/2006
Electronic Signature of Signing Officer or Director — Date