FILED
May 17, 2004 8:00 am
Secretary of State
04-26-2004 90460 048 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000007227

1. Entity Name
OLDE OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
4971 SCENIC MARSH CT.
JACKSONVILLE, FL 32255

Mailing Address
4971 SCENIC MARSH CT.
JACKSONVILLE, FL 32255

66422188

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

04212004 Chg-NP CR2E037 (10/03)

4. FEI Number 56-2416530 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PUTNAL, JAMES E
4971 SCENIC MARSH CT.
JACKSONVILLE, FL 32255

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PUTNAL, JAMES E	NAME	
STREET ADDRESS	4971 SCENIC MARSH CT.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32255	CITY-ST-ZIP	
TITLE	VSD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PUTNAL, DAINNA	NAME	
STREET ADDRESS	4971 SCENIC MARSH CT.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32255	CITY-ST-ZIP	
TITLE	TD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COFFELL, BRAD	NAME	
STREET ADDRESS	4971 SCENIC MARSH CT.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32255	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: James Putnal JAMES E. PUTNAL 4-22-04 591-2695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #