

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007227

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: OLDE OAKS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4971 SCENIC MARSH CT.  
JACKSONVILLE, FL 32255

**New Principal Place of Business:**

505 PLAZA CIRCLE, #206  
ORANGE PARK, FL 32073

**Current Mailing Address:**

4971 SCENIC MARSH CT.  
JACKSONVILLE, FL 32255

**New Mailing Address:**

505 PLAZA CIRCLE, #206  
ORANGE PARK, FL 32073

FEI Number: 56-2416530

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PUTNAL, JAMES E  
4971 SCENIC MARSH CT.  
JACKSONVILLE, FL 32255 US

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

MORAN, JAMES D JR  
505 PLAZA CIRCLE, #206  
ORANGE PARK, FL 32073 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: JAMES D MORAN, JR

04/27/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PUTNAL, JAMES E  
Address: 4971 SCENIC MARSH CT.  
City-St-Zip: JACKSONVILLE, FL 32255

Title: VSD ( ) Delete  
Name: PUTNAL, DAINNA  
Address: 4971 SCENIC MARSH CT.  
City-St-Zip: JACKSONVILLE, FL 32255

Title: TD ( ) Delete  
Name: COFFELL, BRAD  
Address: 4971 SCENIC MARSH CT.  
City-St-Zip: JACKSONVILLE, FL 32255

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

Title: PD (X) Change ( ) Addition  
Name: MORAN, JAMES D JR  
Address: 505 PLAZA CIRCLE, #206  
City-St-Zip: ORANGE PARK, FL 32073

Title: VSD (X) Change ( ) Addition  
Name: LUCE, LISA  
Address: 505 PLAZA CIRCLE, #206  
City-St-Zip: ORANGE PARK, FL 32073

Title: TD (X) Change ( ) Addition  
Name: LIMA, CYNTHIA S  
Address: 505 PLAZA CIRCLE, #206  
City-St-Zip: ORANGE PARK, FL 32073

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN D MORAN, JR

RA

04/27/2005

Electronic Signature of Signing Officer or Director

Date