

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90082 019 ****61.25

DOCUMENT # N95000003758

1. Entity Name

OAKWOOD FOREST ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4026 WINDSOR PARK DR. E.
 JACKSONVILLE FL 32224
 US

P O BOX 50123
 JACKSONVILLE BEACH FL 32240-0123

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3262620

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SIMON, BERT G~~
~~1660 PRUDENTIAL DR~~
~~SUITE 203~~
~~JACKSONVILLE FL 32207~~

Name **C. Guy Bond**

Street Address (P.O. Box Number is Not Accepted)

Patterson, Bond + Latschaw

3010 S. Third Street

City

Jacksonville Beach

FL

Zip Code

32250

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

C. Guy Bond, V.P.

3/13/01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** Delete
 NAME **GOLD, ROBERT**
 STREET ADDRESS **4026 WINDSOR PARK DR. E.**
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE **DP** Change Addition
 NAME **WILLIAM W. WELCH, JR.**
 STREET ADDRESS **4085 WINDSOR PK DR E**
 CITY-ST-ZIP **JACKSONVILLE FL 32224-2291**

TITLE **DV** Delete
 NAME **FARMER, CHARLES**
 STREET ADDRESS **13892 OAKWOOD PK LN**
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE **DV** Change Addition
 NAME **JOHN W. HARVEY**
 STREET ADDRESS **4137 WINDSOR PK DR E**
 CITY-ST-ZIP **JACKSONVILLE FL 32224-2292**

TITLE **DST** Delete
 NAME **HALL, KAROLINE**
 STREET ADDRESS **13869 WINDSOR PARK DR. N.**
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **32224-2287**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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:

Karoline K. Hall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KAROLINE K. HALL

4-7-01

Date

(904) 992-9841

Daytime Phone #

CR2E037 (10/00)