

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90047 017 ****61.25

DOCUMENT # N95000003758

1. Entity Name
OAKWOOD FOREST ASSOCIATION, INC.

Principal Place of Business Mailing Address
4026 WINDSOR PARK DR. E. **P O BOX 50123**
JACKSONVILLE FL 32224 **JACKSONVILLE BEACH FL 32240-0123**
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3262620		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BOND, C. GUY PATTERSON, BOND, LATSHAW 3010 S THIRD STREET JACKSONVILLE BEACH FL 32250				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5:00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DST	<input checked="" type="checkbox"/> Delete	TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, KAROLINE		NAME	Kevin O'Neill	
STREET ADDRESS	13869 WINDSOR PARK DR. N.		STREET ADDRESS	13857 Windsor Park Ct	
CITY-ST-ZIP	JACKSONVILLE FL 32224-2287		CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, WILLIAM W JR		NAME	ANDREW J. ARNOLD	
STREET ADDRESS	4085 WINDSOR PK DRIVE E		STREET ADDRESS	4058 WINDSOR PARK DR. E.	
CITY-ST-ZIP	JACKSONVILLE FL 32224-2291		CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	SEC. ITREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, JOHN W		NAME	DEBORAH A CLIFTON	
STREET ADDRESS	4137 WINDSOR PK DRIVE E		STREET ADDRESS	4123 WINDSOR PARK DR E	
CITY-ST-ZIP	JACKSONVILLE FL 32224-2292		CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Kevin O'Neill* **REQUIRED** 3/14/02 904-992-8411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)