

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90366 048 \*\*\*\*61.25

**DOCUMENT # N95000003758**

1. Entity Name  
**OAKWOOD FOREST ASSOCIATION, INC.**



Principal Place of Business  
**4161 WINDSOR PARK DR. EAST  
 JACKSONVILLE, FL 32224 US**

Mailing Address  
**P O BOX 50123  
 JACKSONVILLE BEACH, FL 32240-0123**

**00041548**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03082005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-3262620**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**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** 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, 2005**

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 **VD**  Delete  
 NAME **STEWART, JAMES F**  
 STREET ADDRESS **4161 WINDSOR PK DR E**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE **VD**  Change  Addition  
 NAME **COREY, TAMMIE S.**  
 STREET ADDRESS **4043 WINDSOR PARK DRIVE EAST**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE **PD**  Delete  
 NAME **HERB, IRA H**  
 STREET ADDRESS **4011 WINDSOR PARK DRIVE EAST**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE **PD**  Change  Addition  
 NAME **GOLD, ROBERT L.**  
 STREET ADDRESS **4026 WINDSOR PARK DRIVE EAST**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE **ST**  Delete  
 NAME **THOMAS, LINDA C**  
 STREET ADDRESS **2098 WINDSOR PARK DR. E.**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE **ST**  Change  Addition  
 NAME **HOWEY, ROBERT L.**  
 STREET ADDRESS **18880 OAKWOOD PARK LANE**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32224**

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:** Robert L. Howey III  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/05 (904) 571-7587  
 Date Daytime Phone #