


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90003 029 \*\*\*\*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**

4000000000



2. Principal Place of Business  
**4010 WINDSOR PARK DR. E.**

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

03212006 Chg-NP CR2E037 (11/05)

City & State  
**JACKSONVILLE, FL**

City & State  
 \_\_\_\_\_

Zip  
**32224**

Country  
**USA**

Zip  
 \_\_\_\_\_

Country  
 \_\_\_\_\_

4. FEI Number  
**59-3262620**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BOND, C. GUY  
 PATTERSON, BOND, LATSHAW  
 3010 S THIRD STREET  
 JACKSONVILLE BEACH, FL 32250**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_

State **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2006**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEWART, JAMES F 4043 WINDSOR PARK DRIVE EAST JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLD, ROBERT L 4026 WINDSOR PARK DRIVE EAST JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOWEY, ROBERT L 13830 OAKWOOD PARK LANE JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAMMIE COREY 4043 WINDSOR PARK DRIVE EAST JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRUCE SWINDELL 4010 WINDSOR PARK DRIVE EAST JACKSONVILLE, FL 32224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 **ROBERT L. HOWEY III** 3/22/06 (904) 223-4876

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