


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2003 8:00 am
Secretary of State

3/

03-03-2003 90432 017 ****61.25

DOCUMENT # N95000003758					
1. Entity Name OAKWOOD FOREST ASSOCIATION, INC.					
Principal Place of Business 4026 WINDSOR PARK DR. E. JACKSONVILLE FL 32224 US			Mailing Address 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		4. FEI Number 59-3262620	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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		
			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 _____					
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 Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEILL, KEVIN		NAME	James F Stewart	Director
STREET ADDRESS	13857 WINDSOR PARK CT		STREET ADDRESS	4161 Windsor Pk Dr E	
CITY-ST-ZIP	JACKSONVILLE FL 32224		CITY-ST-ZIP	Jacksonville FL 32224	
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOLD, ANDREW J		NAME	Timothy S. Hart	Director
STREET ADDRESS	1050 WINDSOR PARK DR E		STREET ADDRESS	4055 Windsor Pk Dr E	
CITY-ST-ZIP	JACKSONVILLE FL 32224		CITY-ST-ZIP	Jacksonville FL 32224	
TITLE	GT	<input checked="" type="checkbox"/> Delete	TITLE	Sec/Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLIFTON, DEBORAH A		NAME	Nancy L. Ewaskey	Trustee
STREET ADDRESS	4120 WINDSOR PARK DR E		STREET ADDRESS	4017 Windsor Pk Dr E	
CITY-ST-ZIP	JACKSONVILLE FL 32224		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: Signature Required **SIGNATURE REQUIRED** Signature Required **SIGNATURE REQUIRED**

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 2/28/03 Daytime Phone #: 904-821-9854

CR2E037 (10/02)