

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 828274

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: SECOND OAKLAND APARTMENTS, INC.

## Current Principal Place of Business:

711 S. LINCOLN AVENUE  
CLEARWATER, FL 337585999

## New Principal Place of Business:

## Current Mailing Address:

2040 COLUMBIA PIKE  
ARLINGTON, VA 22204

## New Mailing Address:

C/O PCMG  
PO BOX 60195  
FORT MYERS, FL 33906

FEI Number: 54-0581328

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KING, TOM A  
711 S LINCOLN AVE  
CLEARWATER, FL 33516 US

## Name and Address of New Registered Agent:

WAYLAND, TERRY R  
PROPERTY COUNSELORS MANAGEMENT GROUP  
12631 WESTLINKS DRIVE #7  
FORT MYERS, FL 33913 US

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: TERRY WAYLAND

03/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVD ( ) Delete  
Name: REINSCH, LOLA C  
Address: 1229 BALLANTRAE FARM DR  
City-St-Zip: MCLEAN, VA 22101

Title: TD ( ) Delete  
Name: NEFF, PAUL F  
Address: 3900 #12 COLUMBIA PIKE  
City-St-Zip: ARLINGTON, VA 22204

Title: SD ( ) Delete  
Name: HILL, PAUL D  
Address: 10501 CORN FLOWER COURT  
City-St-Zip: VIENNA, VA 22182

Title: SD ( ) Delete  
Name: GOTTS, GUY  
Address: 1900 #404 COLUMBIA PIKE  
City-St-Zip: ARLINGTON, VA 22204

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLYANN HOLBROOK

ASST

03/20/2009

Electronic Signature of Signing Officer or Director

Date