2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007
Secretary of State

DOCUMENT# 734310

Entity Name: OAKWOOD CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 2386
ORANGE PARK, FL 320672386

New Principal Place of Business:

BOX 2386
ORANGE PARK, FL 320672386

Current Mailing Address:

P.O. BOX 2386
ORANGE PARK, FL 320672386

New Mailing Address:

OAKWOOD P.O. BOX 2386
ORANGE PARK, FL 320672386

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOGARTY, TIMOTHY J PD
5480 GORDON COURT
ORANGE PARK, FL 32065 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FOGARTY, TIMOTHY J
Address: 5480 GORDON COURT
City-St-Zip: ORANGE PARK, FL 32065

Title: VPD ( ) Delete
Name: THOREN, ANN
Address: 5404 GORDON COURT
City-St-Zip: ORANGE PARK, FL 32065

Title: T ( ) Delete
Name: DOANE, JASON
Address: 5439 JACKSON AVENUE
City-St-Zip: ORANGE PARK, FL 32065

Title: S ( ) Delete
Name: BARTHOLOMEW, MARLENE
Address: 2789 RICHARDS ROAD
City-St-Zip: ORANGE PARK, FL 32065

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY J. FOGARTY PD 02/14/2007
Electronic Signature of Signing Officer or Director — Date