


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90025 011 \*\*\*\*70.00

<b>DOCUMENT # 734310</b> 1. Entity Name <b>OAKWOOD CIVIC ASSOCIATION, INC.</b>			
Principal Place of Business <b>BOX 2386 ORANGE PARK, FL 32067-2386</b>		Mailing Address <b>OAKWOOD P.O. BOX 2386 ORANGE PARK, FL 32067-2386</b>  <i>OAKWOOD CIVIC ASSN</i>	
2. Principal Place of Business - No P.O. Box # <i>5442 Forrest Drive</i>		3. Mailing Address <i>P.O. Box 2386</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>ORANGE PARK, FL</i>		City & State <i>ORANGE PARK, FL</i>	
Zip <i>32065-7274</i>		Zip <i>32067-2386</i>	
Country		Country	
4. FEI Number <b>NOT APPLICABLE</b>		Applied For Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FOGARTY, TIMOTHY J PD 5480 GORDON COURT ORANGE PARK, FL 32065</b>		7. Name and Address of New Registered Agent Name <i>DONALD A. MANSON</i> Street Address (P.O. Box Number is Not Acceptable) <i>5442 FORREST DRIVE</i>  City <i>ORANGE PARK</i> FL Zip Code <i>32065-7274</i>	
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 <i>Mary Ann Baugh</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	PD	TITLE	PD
NAME	FOGARTY, TIMOTHY J	NAME	DONALD A. MANSON
STREET ADDRESS	5480 GORDON COURT	STREET ADDRESS	5442 FORREST DR.
CITY-ST-ZIP	ORANGE PARK, FL 32065	CITY-ST-ZIP	ORANGE PARK, FL 32065-7274
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VPD	TITLE	VPD
NAME	THOREN, ANN	NAME	JACK BORTOL
STREET ADDRESS	5404 GORDON COURT	STREET ADDRESS	5442 FORREST DR.
CITY-ST-ZIP	ORANGE PARK, FL 32065	CITY-ST-ZIP	ORANGE PARK, FL 32065-7274
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T	TITLE	T
NAME	DOANE, JASON	NAME	BAUGH, MARY ANN
STREET ADDRESS	5439 JACKSON AVENUE	STREET ADDRESS	5445 WEAVER RD
CITY-ST-ZIP	ORANGE PARK, FL 32065	CITY-ST-ZIP	ORANGE PARK, FL 32065-7274
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S	TITLE	S
NAME	BARTHOLOMEW, MARLENE	NAME	McSheehy, KATHLEEN
STREET ADDRESS	2789 RICHARDS ROAD	STREET ADDRESS	2866 MANOR COURT
CITY-ST-ZIP	ORANGE PARK, FL 32065	CITY-ST-ZIP	ORANGE PARK, FL 32065-7274
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<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.			
<b>SIGNATURE:</b> <i>Mary Ann Baugh</i> - MARY ANN BAUGH		02-01-08 904-215-1678	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	