

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90027 033 ****61.25

DOCUMENT # 754055 1. Entity Name OAKWOOD COURT CONDOMINIUMS ASSOCIATION, INC.			
Principal Place of Business 121 N PINWOOD AVE BRANDON, FL 33510-4632		Mailing Address 14813 TURNER ROAD TAMPA, FL 33624	
2. Principal Place of Business - No P.O. Box # <i>121 N. Pinewood Ave.</i>		3. Mailing Address <i>P.O. Box 18262</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Brandon, FL 33510-4632</i>		City & State <i>Tampa, FL</i>	
Zip <i>33510-4632</i>		Zip <i>33624-8262</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number 59-3057425		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HELBIG, DENISE 14813 TURNER ROAD TAMPA, FL 33624		7. Name and Address of New Registered Agent Name <i>Bay Ridge Property Mgmt</i> Street Address (P.O. Box Number is Not Acceptable) <i>Sam Corson</i> <i>216 Hyde Park Pl., Ste #3</i> City <i>Tampa</i>	
State <i>FL</i>		Zip Code <i>33606</i>	
8. The above named agent 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 Signature, typed or printed name of registered agent and title if applicable.		<i>Sam Corson - President</i> (NOTE: Registered Agent signature required when reinstating)	
DATE <i>2/1/08</i>		Filing Fee is \$61.25 Due by May 1, 2008	
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 NAME STREET ADDRESS CITY-ST-ZIP	S BARNHART, DEBORAH 165 PICARDY VILLA, #200 BRANDON, FL 33510	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HILL, DOROTHY 155 PICARDY VILLA #100 BRANDON, FL 33510	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YEAGLE, ANNA 175 PICARDY VILLA #102 BRANDON, FL 33510	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Crystal Sewell 175 Picardy Villa #201 Brandon, FL 33510	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director John Meyer 155-200 Picardy Villa Unit 155-102 Brandon, FL 33510	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Anna Yeagle 175 Picardy Villa #102 Brandon, FL 33510	<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.			
SIGNATURE: <i>Anna Yeagle</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<i>Anna Yeagle - president</i> Date	
813 251-2011 Daytime Phone #		813 251-2011	