

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 08, 2009  
Secretary of State**

DOCUMENT# 768452

Entity Name: OAKLEIGH CONDOMINIUM OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

8370 CARL-DEAN ROAD  
PENSACOLA, FL

**New Principal Place of Business:**

8370 CARL-DEAN ROAD  
PENSACOLA, FL 32514

**Current Mailing Address:**

4770 SKYLINE DR.  
PENSACOLA, FL 32503

**New Mailing Address:**

FEI Number: 33-1078043      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ROWE, ROBERT M  
4770 SKYLINE DRIVE  
PENSACOLA, FL 32503      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: BM ( ) Delete  
Name: ROWE, ROBERT M  
Address: 4770 SKYLINE DR  
City-St-Zip: PENSACOLA, FL 32503

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

Title: D ( ) Delete  
Name: TREADWAY, GREGORY  
Address: 8370 CARL DEANST UNIT 205  
City-St-Zip: PENSACOLA, FL 32514

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

Title: B ( ) Delete  
Name: DEVRIES, DAVID  
Address: 8370 CARL DEAN ST UNIT #212  
City-St-Zip: PENSACOLA, FL 32514

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

SIGNATURE: ROBERT M. ROWE

BM

05/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date