


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90119 011 ****61.25

DOCUMENT # N00000000548 1. Entity Name OAKLAND TERRACE RESIDENTS ASSOCIATION, INC.					
Principal Place of Business OAKLAND TERRACE APTS. 887 FRANKLIN STREET JACKSONVILLE, FL 32206			Mailing Address OAKLAND TERRACE APTS. 887 FRANKLIN STREET JACKSONVILLE, FL 32206		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	08302004 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-3665121				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			7. Name and Address of New Registered Agent		
ROUNDTREE, DOROTHY 888 BRIDIER ST #B 205 JACKSONVILLE, FL 32206			Name Street Address (P.O. Box Number is Not Acceptable) City		
			<div style="text-align: right;">FL</div> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 8, 2004		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROUNDTREE, DOROTHY		NAME		
STREET ADDRESS	888 BRIDIER ST B205		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32206		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAKER, AVA		NAME	5 Roshonda Rountree	
STREET ADDRESS	887 FRANKLIN ST., A119		STREET ADDRESS	888 Bridier St, #B205	
CITY-ST-ZIP	JACKSONVILLE, FL 32206		CITY-ST-ZIP	JACKSONVILLE, FL 32206	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'BRYANT, SARA		NAME	Edwina Moxe	
STREET ADDRESS	887 FRANKLIN STREET		STREET ADDRESS	887 Franklin St.	
CITY-ST-ZIP	JACKSONVILLE, FL 32206		CITY-ST-ZIP	JACKSONVILLE, FL 32206	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORD, RUSALYN		NAME	Ava Baker	
STREET ADDRESS	887 FRANKLIN ST., BLDG B106		STREET ADDRESS	887 Franklin St, A119	
CITY-ST-ZIP	JACKSONVILLE, FL 32206		CITY-ST-ZIP	JACKSONVILLE, FL 32206	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Dorothy Rountree SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 8-30-04 Daytime Phone # 904-538-0825 X102		