


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2005 8:00 am**  
**Secretary of State**

09-06-2005 90141 024 \*\*\*\*61.25

<b>DOCUMENT # N00000000548</b>					
<b>1. Entity Name</b> OAKLAND TERRACE RESIDENTS ASSOCIATION, INC.					
<b>Principal Place of Business</b> OAKLAND TERRACE APTS. 887 FRANKLIN STREET JACKSONVILLE, FL 32206			<b>Mailing Address</b> OAKLAND TERRACE APTS. 887 FRANKLIN STREET JACKSONVILLE, FL 32206		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3665121	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
ROUNDTREE, DOROTHY 888 BRIDIER ST #B 205 JACKSONVILLE, FL 32206			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> ROUNDTREE, DOROTHY		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 888 BRIDIER ST B205	<b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32206		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> S	<b>NAME</b> ROUNTREE, ROSHONDA		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 888 BRIDIER ST # B205	<b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32206		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> V	<b>NAME</b> MOYE, EDWINA		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 887 FRANKLIN ST	<b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32206		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> T	<b>NAME</b> BAKER, AVA		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 887 FRANKLIN ST A119	<b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32206		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		



09022005 Chg-NP CR2E037 (10/03)

**SIGNATURE:**

*Dorothy Rountree*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-1-05 904-538-0825 X102

Date Daytime Phone #