2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000000548

OAKLAND TERRACE RESIDENTS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

887 FRANKL	RRACE APTS. In Street .e, FL 32206	887 FRANKLIN STREE	AKLAND TERRACE APTS. 87 Franklin Street Acksonville, fl. 32206					
2. Principal Place of Business 3.		3. Mailing Address	. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-NP	CR2E037 (10/03)		
City & State		City & State	City & State		4. FEI Number Applied For 59-3665121 Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
ROUNDTREE, DOROTHY 888 BRIDIER ST				Name Street Address (P.O. Box Number is Not Acceptable)				
#B 205 JACKSONVILLE, FL 32206					-	,		
	,		City	<u> </u>		FL Zip Cod	e	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
	Filing Fee is \$61.25 ue by September 7, 2005	Trust Fund	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make check payable to Florida Department of State			
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANG	SES TO OFFICE	RS AND DIRECTORS IN	1 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROUNDTREE, DOROTHY 888 BRIDER ST B205 JACKSONVILLE, FL 32206	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROUNTREE, ROSHONDA 888 BRIDIER ST # B205 JACKSONVILLE, FL 32206	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOYE, EDWINA 887 FRANKLIN ST JACKSONVILLE, FL 32206	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAKER, AVA 887 FRANKLIN ST A119 JACKSONVILLE, FL 32206	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Defete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition	

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

runtee SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition

FILED

Sep 06, 2005 8:00 am Secretary of State

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