

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2006 8:00 am
Secretary of State

06-02-2006 90001 037 ****70.00

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.		05302006 Chg-NP CR2E037 (4/06)	
City & State		City & State		4. FEI Number 59-3665121	
Zip		Country		5. Certificate of Status Desired <input checked="" 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 <u>Latoya Mitchell</u> Street Address (P.O. Box Number is Not Acceptable) <u>887 Franklin St. #C1-30</u> City <u>Jacksonville</u> <u>FL</u> Zip Code <u>32206</u>		
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 <u>Latoya Mitchell</u> <u>President</u> <u>05/30/06</u> <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 6, 2006		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	NAME ROUNDTREE, DOROTHY	<input checked="" type="checkbox"/> Delete	TITLE President (P)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Latoya Mitchell
STREET ADDRESS 888 BRIDIER ST B205	CITY-ST-ZIP JACKSONVILLE, FL 32206		STREET ADDRESS 887 Franklin St #C1-30		CITY-ST-ZIP Jacksonville, FL 32206
TITLE S	NAME ROUNDTREE, ROSHONDA	<input checked="" type="checkbox"/> Delete	TITLE Vice President (VP)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Angela McDowell McDowell
STREET ADDRESS 888 BRIDIER ST # B205	CITY-ST-ZIP JACKSONVILLE, FL 32206		STREET ADDRESS 887 Franklin St #		CITY-ST-ZIP Jacksonville, FL 32206
TITLE V	NAME MOYE, EDWINA	<input checked="" type="checkbox"/> Delete	TITLE Secretary (S)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Rolonda Johnson
STREET ADDRESS 887 FRANKLIN ST	CITY-ST-ZIP JACKSONVILLE, FL 32206		STREET ADDRESS 887 Franklin St #C1-29		CITY-ST-ZIP Jacksonville, FL 32206
TITLE T	NAME BAKER, AVA	<input type="checkbox"/> Delete	TITLE Treasurer (T)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Ava Baker
STREET ADDRESS 887 FRANKLIN ST A119	CITY-ST-ZIP JACKSONVILLE, FL 32206		STREET ADDRESS 887 Franklin St #A1-19		CITY-ST-ZIP Jacksonville, FL 32206
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 		CITY-ST-ZIP
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 		CITY-ST-ZIP
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: <u>Latoya Mitchell</u> <u>05/30/06 (904) 356-0640</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					