2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State
04-17-2006 90394 027 ****61.25

DOCUMENT # N01000001553

1. Entity Name
OAKWOOD ACRES PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
15499 OAKCREST CIRCLE BROOKSVILLE, FL 34604	15499 OAKCREST CIRCLE BROOKSVILLE, FL 34604

03312006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
4233 Gloucester Rd Suite, Apt. #, etc.	4233 Gloucester Rd. Suite, Apt. #, etc.
City & State: Brooksville FL	City & State: Brooksville FL
Zip: 34604 Country: USA	Zip: 34604 Country: USA

4. FEI Number 01-0640434 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLIAMS, GLORIA 15499 OAKCREST CIRCLE BROOKSVILLE, FL 34604	Name Street Address (P.O. Box Number is Not Acceptable): 4233 Gloucester Rd City: Brooksville **FL** Zip Code: 34604

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 ✓ Gloria S Williams 4-31-06
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
Due by May 1, 2006

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 DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANSEN, CARL 2264 SW OAK RIDGE ROAD PALM CITY, FL 34990	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITNEY, JOSHUA 6304 BENJAMIN ROAD, #505 TAMPA, FL 33634	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, GLORIA 15499 OAKCREST CIRCLE BROOKSVILLE, FL 34609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4233 Gloucester Rd Brooksville, FL 34604	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: ✓ Gloria S Williams ✓4-31-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Gloria S Williams