

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001553

FILED
May 14, 2007
Secretary of State

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

Current Principal Place of Business:

4233 GLOUCESTER RD
BROOKSVILLE, FL 34604

New Principal Place of Business:

15375 OAK CREST CIRCLE
BROOKSVILLE, FL 34604

Current Mailing Address:

4233 GLOUCESTER RD
BROOKSVILLE, FL 34604

New Mailing Address:

15375 OAK CREST CIRCLE
BROOKSVILLE, FL 34604

FEI Number: 01-0640434 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIAMS, GLORIA
4233 GLOUCESTER RD
BROOKSVILLE, FL 34604 US

Name and Address of New Registered Agent:

GALBRAITH, PATRICIA A
15375 OAK CREST CIRCLE
BROOKSVILLE, FL 34604 US

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.

SIGNATURE: PATRICIA A. GALBRAITH

05/14/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WHITNEY, JOSHUA
Address: 6304 BENJAMIN ROAD, #505
City-St-Zip: TAMPA, FL 33634

Title: D () Delete
Name: WILLIAMS, GLORIA
Address: 4233 GLOUCESTER RD
City-St-Zip: BROOKSVILLE, FL 34604

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GALBRAITH, PATRICIA A
Address: 15375 OAK CREST CIRCLE
City-St-Zip: BROOKSVILLE, FL 34604

Title: D (X) Change () Addition
Name: ROTH, DOUGLAS
Address: 15298 HIBURN STREET
City-St-Zip: BROOKSVILLE, FL 34604

Title: D () Change (X) Addition
Name: HENCHEY, STEPHANIE
Address: 4452 HANSON TRAIL
City-St-Zip: BROOKSVILLE, FL 34604

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA A. GALBRAITH

D

05/14/2007

Electronic Signature of Signing Officer or Director

Date