2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# N01000001553

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

Current Principal Place of Business:

15375 OAK CREST CIRCLE
BROOKSVILLE, FL 34604

New Principal Place of Business:

Current Mailing Address:

15375 OAK CREST CIRCLE
BROOKSVILLE, FL 34604

New Mailing Address:

FEI Number: 01-0640434 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	GALBRAITH, PATRICIA A	
Address:	15375 OAK CREST CIRCLE	
City-St-Zip:	BROOKSVILLE, FL 34604	
Title:	D	( ) Delete
Name:	ROTH, DOUGLAS	
Address:	15298 HIBURN STREET	
City-St-Zip:	BROOKSVILLE, FL 34604	
Title:	D	( ) Delete
Name:	HENCHEY, STEPHANIE	
Address:	4452 HANSON TRAIL	
City-St-Zip:	BROOKSVILLE, FL 34604	
Title:	E	( ) Delete
Name:	SEGOVIA, JAMES	
Address:	15365 OAKCREST CIR	
City-St-Zip:	BROOKSVILLE, FL 34604	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: JAMES SEGOVIA E 04/10/2009

Electronic Signature of Signing Officer or Director — Date