

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90027 023 \*\*\*\*61.25

**66011605**



1st MOORE CR2E037 (10/04)

<b>DOCUMENT # N01000008311</b>					
1. Entity Name <b>OAKLEAF (NASSAU COUNTY) HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>4401 LAKESIDE DR #104 JACKSONVILLE FL 32210</b>			Mailing Address <b>4401 LAKESIDE DR #104 JACKSONVILLE FL 32210</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>80-0034448</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				Additional Fee Required <b>\$8.75</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>NICHOLS, ROBERT C</b> <b>701 FISK ST STE 110</b> <b>JACKSONVILLE FL 32204</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when registering)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> <b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NESBITT, THOMAS JR		NAME		
STREET ADDRESS	4401 LAKESIDE DR., #104		STREET ADDRESS		
CITY- ST- ZIP	JACKSONVILLE FL 32210		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NICHOLS, ROBERT C		NAME		
STREET ADDRESS	701 FISK ST., STE 110		STREET ADDRESS		
CITY- ST- ZIP	JACKSONVILLE FL 32204		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NESBITT, CATHERINE H		NAME		
STREET ADDRESS	4401 LAKESIDE DR., #104		STREET ADDRESS		
CITY- ST- ZIP	JACKSONVILLE FL 32210		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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.					
SIGNATURE: _____		PSD		4-15-05 904-476-4780	
Date		Daytime Phone #			