


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000008311</b>	
<b>1. Entity Name</b>	
OAKLEAF (NASSAU COUNTY) HOMEOWNERS ASSOCIATION, INC.	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
4401 LAKESIDE DR #104 JACKSONVILLE FL 32210	4401 LAKESIDE DR #104 JACKSONVILLE FL 32210

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

<b>4. FEI Number</b>	<b>80-0034448</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b>	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
NICHOLS, ROBERT C 701 FISK ST STE 110 JACKSONVILLE FL 32204	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 reissuing) **DATE** \_\_\_\_\_

**FILE NOW: 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	
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	
PSD	NESBITT, THOMAS JR		
STREET ADDRESS	4401 LAKESIDE DR., #104		
CITY- ST- ZIP	JACKSONVILLE FL 32210		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	
D	NICHOLS, ROBERT C		
STREET ADDRESS	701 FISK ST., STE 110		
CITY- ST- ZIP	JACKSONVILLE FL 32204		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	
D	NESBITT, CATHERINE H		
STREET ADDRESS	4401 LAKESIDE DR., #104		
CITY- ST- ZIP	JACKSONVILLE FL 32210		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	

U00000439126  
03/01/06 80034-005 70.00

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.