


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 12, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000003258</b>	
1. Entity Name <b>JACKSON COURT/DIVISION OAKS RESIDENT ASSOCIATION INCORPORATED</b>	

Principal Place of Business <b>523 W JACKSON ST APT #208 ORLANDO, FL 32805</b>	Mailing Address <b>523 W JACKSON ST APT #208 ORLANDO, FL 32805</b>
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04242008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent  <b>JOHNSON, VIOLENA 523 W JACKSON ST #208 ORLANDO, FL 32805</b>
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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 <i>Violen Johnson</i>	<i>Violen Johnson</i>	<i>4/24/08</i>
<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000950867</b> <b>06/04/08-800008-025 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<b>JOHNSON, VIOLENA 523 W JACKSON ST #208 ORLANDO, FL 32805</b>
TITLE <b>S</b>	<b>BULLARD, NEIGGOLA 523 W JACKSON ST #210 ORLANDO, FL 32805</b>
TITLE <b>V</b>	<b>PRICE, LETTIE 523 W JACKSON ST #221 ORLANDO, FL 32805</b>
TITLE <b>VOL</b>	<b>BRIGES, LOU D 523 W JACKSON ST #101 ORLANDO, FL 32805</b>
TITLE <b>VOL</b>	<b>MCNEAL, ANNIE 523 W JACKSON ST #206 ORLANDO, FL 32805</b>
TITLE <b>VOL</b>	<b>ATTWAY, NORMA 523 W JACKSON ST #201 ORLANDO, FL 32805</b>

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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 <i>Violen Johnson</i>	<i>4/24/08</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>