2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003258

FILED May 27, 2009 Secretary of State

Entity Name: JACKSON COURT/DIVISION OAKS RESIDENT ASSOCIATION INCORPORATED

Current Pr	incipal Place of Business:	New Principal Place of Business:
523 W JAC APT #208 ORLANDO	KSON ST , FL 32805	
Current Ma	ailing Address:	New Mailing Address:
523 W JAC APT #208 ORLANDO	KSON ST 9, FL 32805	
	ee with s. 607.193(2)(b), F.S., the corporation of	id not receive the prior notice.
Name and	Address of Current Registered Agent	: Name and Address of New Registered Agent:
523 W JAC	, VIOLENA CKSON ST #208 , FL 32805 US	
	named entity submits this statement for to for Florida.	he purpose of changing its registered office or registered agent, or both
SIGNATUR	RE:	
	Electronic Signature of Registered	Agent Date
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO
Title: Name: Address: City-St-Zip:	P () Delete JOHNSON, VIOLENA 523 W JACKSON ST #208 ORLANDO, FL 32805	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	S () Delete BULLARD, NEIGGOLA 523 W JACKSON ST #210 ORLANDO, FL 32805	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	V () Delete PRICE, LETTIE 523 W JACKSON ST #221 ORLANDO, FL 32805	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VOL () Delete BRIGES, LOU D 523 W JACKSON ST #101 ORLANDO, FL 32805	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VOL () Delete MCNEAL, ANNIE 523 W JACKSON ST #206 ORLANDO, FL 32805	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VOL (X) Delete ATTWAY, NORMA 523 W JACKSON ST #201 ORLANDO, FL 32805	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: VIOLENA JOHNSON PRES 05/27/2009