2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2009
Secretary of State

DOCUMENT# N02000006080

Entity Name: OAKWOOD ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1742 OAKWOOD ESTATES DRIVE
PLANT CITY, FL 33563

New Principal Place of Business:

Current Mailing Address:

1742 OAKWOOD ESTATES DRIVE
PLANT CITY, FL 33563

New Mailing Address:

FEI Number: 20-0645087 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOUCKS, SUZANNE M MS.
1742 OAKWOOD ESTATES DRIVE
PLANT CITY, FL 33563 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: PD ( ) Delete
Name: REED, JOAN
Address: 1702 OAKWOOD ESTATES DRIVE
City-St-Zip: PLANT CITY, FL 33563

Title: SD ( ) Delete
Name: BLACKENSHOP, TIARA
Address: 1737 OAKWOOD ESTATES DRIVE
City-St-Zip: PLANT CITY, FL 33563

Title: TREA ( ) Delete
Name: LOUCKS, SUZANNE M
Address: 1742 OAKWOOD ESTATES DRIVE
City-St-Zip: PLANT CITY, FL 33563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: RICHTER, MARK
Address: 1727 OAKWOOD ESTATES DRIVE
City-St-Zip: PLANT CITY, FL 33563

Title: SD (X) Change ( ) Addition
Name: HARRISON, MARTA
Address: 1706 OAKWOOD ESTATES DRIVE
City-St-Zip: PLANT CITY, FL 33563

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: SUZANNE LOUCKS TRES 04/05/2009

Electronic Signature of Signing Officer or Director — Date