

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000008314

1. Entity Name
OAK GROVE PLANTATION HOMEOWNERS
ASSOCIATION, INC.



Principal Place of Business

6076 HEARTWOOD CIR.
TALLAHASSEE, FL 32312

Mailing Address

6076 HEARTWOOD CIR.
TALLAHASSEE, FL 32312

DO NOT WRITE IN THIS SPACE



01212005 No Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURTON, ROBERT W
6076 HEARTWOOD CIR.
TALLAHASSEE, FL 32312

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IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BURTON, ROBERT W.
STREET ADDRESS	6076 HEARTWOOD CIR.
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	D
NAME	BURTON, CYNTHIA T
STREET ADDRESS	6076 HEARTWOOD CIR.
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	D
NAME	CAMPBELL, ROBERT A JR.
STREET ADDRESS	7120 OX BOW CIR.
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/05-80104-012 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #