2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2009
Secretary of State

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Entity Name: OAKS II PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

926 LEE COURT
CALLAWAY, FL 32404 US

New Principal Place of Business:

1414 WILDRIDGE RD.
LYNN HAVEN, FL 32444 US

Current Mailing Address:

926 LEE COURT
CALLAWAY, FL 32404 US

New Mailing Address:

1414 WILDRIDGE RD.
LYNN HAVEN, FL 32444 US

FEI Number: 20-3536350 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, JACK G
502 HARMON AVENUE
PANAMA CITY, FL 32401 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: PTD ( ) Delete
Name: RIGBY, RICHARD
Address: 644 MILLS LANE
City-St-Zip: PANAMA CITY, FL 324042627 US

Title: VSD ( ) Delete
Name: RIGBY, TIFFINEY
Address: 644 MILLS LANE
City-St-Zip: PANAMA CITY, FL 324042627 US

Title: ST ( ) Delete
Name: TIPPIT, CHRISTINE
Address: 641 MILLS LANE
City-St-Zip: PANAMA CITY, FL 32404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: NEWTON, EARL
Address: 1105 FAIRLAND AVE.
City-St-Zip: PANAMA CITY, FL 32401 US

Title: VSD (X) Change ( ) Addition
Name: TIPPIT, CHRISTINE
Address: 641 MILLS LANE
City-St-Zip: PANAMA CITY, FL 32404 US

Title: ST (X) Change ( ) Addition
Name: DAVIS, DAVID
Address: 1414 WILDRIDGE RD.
City-St-Zip: LYNN HAVEN, FL 32444

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: DAVID DAVIS ST 04/05/2009

Electronic Signature of Signing Officer or Director — Date