2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008
Secretary of State

DOCUMENT# N03000005795

Entity Name: FIVE OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

463499 STATE ROAD 200
YULEE,, FL 32041 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1987
YULEE, FL 32043 US

New Mailing Address:

FEI Number: 58-2675951 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PROPERTY MANAGEMENT SYSTEMS INC
463499 STATE ROAD 200
YULEE, FL 32041 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: EDWARDS, DON
Address: 3232 CR 209 RIVERSIDE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VPD ( ) Delete
Name: MC KINNEY, TIMOTHY
Address: 3078 FIVE OAKS LANE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: SD ( ) Delete
Name: GARRISON, BARBARA
Address: 526 CHINKAPIN COURT
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: TD ( ) Delete
Name: MATHIS, JEFF
Address: 3083 FIVE OAKS LN
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: TERRELL J POWELL RA 04/07/2008

Electronic Signature of Signing Officer or Director — Date