

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 19, 2006
Secretary of State

DOCUMENT# N03000005826

Entity Name: OAKLEAF PLANTATION WEST PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**3030 HARTLEY ROAD SUITE 300
JACKSONVILLE, FL 32257**New Principal Place of Business:****Current Mailing Address:**3030 HARTLEY ROAD SUITE 300
JACKSONVILLE, FL 32257**New Mailing Address:****FEI Number:** 55-0846620**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WILSON, ERIK
3030 HARTLEY ROAD
SUITE 300
JACKSONVILLE, FL 32257 US**Name and Address of New Registered Agent:**PROPERTY MANAGEMENT SYSTEM, INC
463499 S.R. 200
YULEE, FL 32097 US

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: TERRELL J POWELL

06/19/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WILSON, ERIK
Address: 3030 HARTLEY ROAD SUITE 300
City-St-Zip: JACKSONVILLE, FL 32257

Title: DV () Delete
Name: CROMARTIE, ROBERT A
Address: 3030 HARTLEY ROAD SUITE 300
City-St-Zip: JACKSONVILLE, FL 32257

Title: DTS () Delete
Name: COX, ELINORE C
Address: 3030 HARTLEY ROAD SUITE 300
City-St-Zip: JACKSONVILLE, FL 32257

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: ERIK WILSON

PD

06/19/2006

Electronic Signature of Signing Officer or Director

Date