2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N03000005826

T FILED

May 19, 2008

Secretary of State

Entity Name: OAKLEAF PLANTATION WEST PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

463499 STATE ROAD 200 YULEE, FL 32097

Current Mailing Address: New Mailing Address:

P.O. BOX 1987 YULEE, FL 32041

FEI Number: 55-0846620 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: 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:

Name:

- Flaterin Circular of Decides at Asset

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition

DP () Delete Title: DP (X) WILSON, ERIK Name: COPE, DEANNA

Address: 3030 HARTLEY ROAD SUITE 300 Address: 3030 HARTLEY ROAD SUITE 300

City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: JACKSONVILLE, FL 32257

Title: DV () Delete Title: DV (X) Change () Addition

Name: CROMARTIE, ROBERT A Name: HUTSON, TRAVIS
Address: 3030 HARTLEY ROAD SUITE 300 Address: 3030 HARTLEY ROAD SUITE 300

City-St-Zip: JACKSONVILLE, FL 32257 Address: JACKSONVILLE, FL 32257

Title: DTS () Delete Title: () Change () Addition

 Name:
 COX, ELINORE C
 Name:

 Address:
 3030 HARTLEY ROAD SUITE 300
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32257
 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 05/19/2008