

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007677

FILED
Apr 29, 2008
Secretary of State

Entity Name: ROAD OWNERS' MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business:

3327 SCRUB OAK LANE
JACKSONVILLE, FL 32223

New Principal Place of Business:

7220 SW 72ND LANE
JASPER, FL 32052

Current Mailing Address:

3327 SCRUB OAK LANE
JACKSONVILLE, FL 32223

New Mailing Address:

7220 SW 72ND LANE
JASPER, FL 32052

FEI Number: 55-0859109

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCAFF, SONNY ESQ
215 NE 2ND ST
JASPER, FL 32052 US

Name and Address of New Registered Agent:

SPEARS, JAMES W RA
7220 SW 72ND LANE
JASPER, FL 32052 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: JAMES W. SPEARS

04/29/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STOKES, LEE
Address: 3327 SCRUB OAK LANE
City-St-Zip: JACKSONVILLE, FL 32223

Title: VD () Delete
Name: HERBERT, STEVE
Address: 1720 SANDY HOLLOW LOOP
City-St-Zip: MIDDLEBURG, FL 32608

Title: TD () Delete
Name: HAFER, STEVE
Address: 2133 WOOD GLEN LANE
City-St-Zip: MARIETTA, GA 30067

Title: SD () Delete
Name: HANSON, JOY
Address: 8521 BASS LAKE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34654

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HANSON, JOY L
Address: 8521 BASS LAKE DR.
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: VD (X) Change () Addition
Name: SPEARS, JAMES W
Address: 7220 SW 72ND LANE
City-St-Zip: JASPER, FL 32052

Title: TD (X) Change () Addition
Name: SMITH, JUDI A
Address: 8594 122ND ST
City-St-Zip: LIVE OAK, FL 32060

Title: DR (X) Change () Addition
Name: MORSE, PATTI
Address: 6771 SW 68TH DR
City-St-Zip: JASPER, FL 32052

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: JUDI SMITH

TD

04/29/2008

Electronic Signature of Signing Officer or Director

Date