2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006
Secretary of State

DOCUMENT# N03000009427

Entity Name: OAKWOOD PLANTATION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2233 PARK AVENUE
SUITE 104
ORANAGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

2233 PARK AVENUE
SUITE 104
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number: 51-0489694 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRITCHARD, MICHAEL
2233 PARK AVENUE
SUITE 104
ORANGE PARK, FL 32073 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:	P	( ) Delete
Name:	PRITCHARD, MICHAEL	
Address:	140 OAKWOOD PLANTATION DRIVE	
City-St-Zip:	GREEN COVE SPRINGS, FL 32043	
Title:	VP	( ) Delete
Name:	BURKHALTER, RYAN	
Address:	136 OAKWOOD PLANTATION DRIVE	
City-St-Zip:	GREEN COVE SPRINGS, FL 32043	
Title:	S	( ) Delete
Name:	LESSIG, PEGGY	
Address:	149 OAKWOOD PLANTATION DRIVE	
City-St-Zip:	GREEN COVE SPINGS, FL 32043	
Title:	T	( ) Delete
Name:	DARLING, PAM	
Address:	149 OAKWOOD PLANTATION DRIVE	
City-St-Zip:	GREEN COVE SPINGS, FL 322043	
Title:	ARBL	( ) Delete
Name:	DARLING, MIKE	
Address:	149 OAKWOOD PLANTATION DRIVE	
City-St-Zip:	GREEN COVE SPINGS, FL 32043	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	VACANT, VACANT	
Address:	OAKWOOD PLANTATION DRIVE	
City-St-Zip:	GREEN COVE SPRINGS, FL 32043	
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: MICHAEL PRITCHARD P 03/08/2006

Electronic Signature of Signing Officer or Director — Date