2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009427

FILED Mar 19, 2007 Secretary of State

Entity Name: OAKWOOD PLANTATION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
2233 PARK AVENUE BUITE 104 DRANAGE PARK, FL 32073				ONE SAN JOSE PLACE SUITE 34 JACKSONVILLE, FL 32257			
Current Mailing Address:				New Mailing Address:			
2233 PARK AVENUE BUITE 104 DRANGE PARK, FL 32073				PO BOX 57911 JACKSONVILLE, FL 32241			
El Number:	51-0489694	FEI Number Applied For ()	FEI Nur	nber Not App	licable ()	Certificate of Status De	esired ()
Name and	Address of Co	urrent Registered Agent:	Name and Address of New Registered Agent:				
PRITCHARD, MICHAEL 2233 PARK AVENUE BUITE 104 DRANGE PARK, FL 32073 US				CARR, LAUREN ONE SAN JOSE PLACE SUITE 34 JACKSONVILLE, FL 32257 US			
	named entity s of Florida.	ubmits this statement for the pu	ırpose c	of changing i	its registered of	fice or registered ag	ent, or both,
SIGNATURE: LAUREN CARR				03/19/2007			
	Electroni	c Signature of Registered Ager	nt			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Fitle: Name: Address: City-St-Zip:	PRITCHARD, MI 140 OAKWOOD	Delete CHAEL PLANTATION DRIVE PRINGS, FL 32043		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Fitle: Name: Address: City-St-Zip:	VACANT, VACAN OAKWOOD PLA			Title: Name: Address: City-St-Zip:	()	Change () Addition	
Fitle: Name: Address: City-St-Zip:	LESSIG, PEGGY 149 OAKWOOD	Delete PLANTATION DRIVE PINGS, FL 32043		Title: Name: Address: City-St-Zip:	LESSIG, PEGG ¹ 148 OAKWOOD	Change () Addition Y PLANTATION DRIVE SPINGS, FL 32043	
Fitle: Name: Nddress: City-St-Zip:	DARLING, PAM 149 OAKWOOD	Delete PLANTATION DRIVE PINGS, FL 322043		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Fitle: Name: Address: City-St-Zip:	DARLING, MIKE 149 OAKWOOD	Delete PLANTATION DRIVE PINGS, FL 32043		Title: Name: Address: City-St-Zip:	()	Change () Addition	

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: LAUREN CARR MGR. 03/19/2007