

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002158

FILED
Mar 05, 2009
Secretary of State

Entity Name: OAKWOOD LEON HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

30726 BLUE STAR HWY
MIDWAY, FL 32343

New Principal Place of Business:

2977 ST. STEVEN'S DRIVE
TALLAHASSEE, FL 32312

Current Mailing Address:

PO BOX 15107
TALLAHASSEE, FL 32317

New Mailing Address:

2977 ST. STEVEN'S DRIVE
TALLAHASSEE, FL 32312

FEI Number: 20-1529336

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RITCHEY, PATRICK F
30726 BLUE STAR HWY
MIDWAY, FL 32343 US

Name and Address of New Registered Agent:

RILEY, ALISON
2977 ST. STEVEN'S DRIVE
TALLAHASSEE, FL 32312 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: ALISON RILEY

03/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RILEY, ALLISON
Address: 3149 ALLISON MARIE CT
City-St-Zip: TALLAHASSEE, FL 32304

Title: VD () Delete
Name: BOGDAN, DANIEL
Address: 3222 ALISON MARIE CT
City-St-Zip: TALLAHASSEE, FL 32303

Title: STD () Delete
Name: WRIGHT, RAY
Address: 3230 ALISON MARIE CT
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BOGDAN, DANIEL
Address: 3222 ALLISON MARIE CT
City-St-Zip: TALLAHASSEE, FL 32304

Title: TR (X) Change () Addition
Name: RILEY, ALISON
Address: 3149 ALISON MARIE CT
City-St-Zip: TALLAHASSEE, FL 32303

Title: SEC (X) Change () Addition
Name: WRIGHT, RAY
Address: 3230 ALISON MARIE CT
City-St-Zip: TALLAHASSEE, FL 32303

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: ALISON RILEY

MS.

03/05/2009

Electronic Signature of Signing Officer or Director

Date