

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Oct 18, 2009  
Secretary of State**

DOCUMENT# N04000006011

**Entity Name:** OLDFIELD CREEK ESTATES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**12163 AMBROSIA CT  
JACKSONVILLE, FL 32223 US**New Principal Place of Business:**12171 AMBROSIA CT  
JACKSONVILLE, FL 32223 US**Current Mailing Address:**12163 AMBROSIA CT  
JACKSONVILLE, FL 32223 US**New Mailing Address:**12171 AMBROSIA CT  
JACKSONVILLE, FL 32223 US

FEI Number: 41-2140888

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**HASSERT, ANTHONY  
12163 AMBROSIA CT  
JACKSONVILLE, FL 32223 US**Name and Address of New Registered Agent:**PARTIN, JAMES D  
12171 AMBROSIA CT  
JACKSONVILLE, FL 32223 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 D. PARTIN

10/18/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: P ( ) Delete  
Name: HASSERT, ANTHONY  
Address: 12163 AMBROSIA CT  
City-St-Zip: JACKSONVILLE, FL 32223Title: VP ( ) Delete  
Name: HUTCHINS, PAUL  
Address: 12203 AMBROSIA CT  
City-St-Zip: JACKSONVILLE, FL 32223Title: TS ( ) Delete  
Name: HARVEY, SCOTT  
Address: 12195 AMBROSIA CT  
City-St-Zip: JACKSONVILLE, FL 32223**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P (X) Change ( ) Addition  
Name: PARTIN, JAMES D  
Address: 12171 AMBROSIA CT  
City-St-Zip: JACKSONVILLE, FL 32223Title: VP (X) Change ( ) Addition  
Name: GABRIEL, JOHN  
Address: 12211 AMBROSIA CT  
City-St-Zip: JACKSONVILLE, FL 32223Title: TS (X) Change ( ) Addition  
Name: PATRICIA, HASSERT  
Address: 12163 AMBROSIA CT  
City-St-Zip: JACKSONVILLE, FL 32223

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: JAMES D. PARTIN

D

10/18/2009

Electronic Signature of Signing Officer or Director

Date