2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2009
Secretary of State

DOCUMENT# N04000011572

Entity Name: OAKLEAF PLANTATION BUSINESS PARK OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

463499 STATE ROAD 200
YULEE, FL 32097

New Principal Place of Business:

6972 LAKE GLORIA BLVD
ORLANDO, FL 328093200

Current Mailing Address:

P.O. BOX 1987
YULEE, FL 32041

New Mailing Address:

6972 LAKE GLORIA BLVD
ORLANDO, FL 328093200

FEI Number: 41-2170558 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PROPERTY MANAGEMENT SYSTEMS, INC
463499 STATE ROAD 200
YULEE, FL 32097 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT, INC
6972 LAKE GLORIA BLVD
ORLANDO, FL 328093200 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: REBECCA FURLOW 04/19/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: COPE, DEANNA
Address: 3030 HARTLEY ROAD SUITE 300
City-St-Zip: JACKSONVILLE, FL 32257

Title: VD ( ) Delete
Name: HUTSON, TRAVIS
Address: 3030 HARTLEY ROAD SUITE 300
City-St-Zip: JACKSONVILLE, FL 32257

Title: STD ( ) Delete
Name: COX, ELINORE C
Address: 3030 HARTLEY ROAD SUITE 300
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HINSON, DON
Address: 3030 HARTLEY ROAD SUITE 300
City-St-Zip: JACKSONVILLE, FL 32257

Title: SD (X) Change ( ) Addition
Name: FORSHE, PATE
Address: 3030 HARTLEY ROAD SUITE 300
City-St-Zip: JACKSONVILLE, FL 32257

Title: TD (X) Change ( ) Addition
Name: HINSON, DARLENE
Address: 3030 HARTLEY ROAD SUITE 300
City-St-Zip: JACKSONVILLE, FL 32257

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: DON HINSON PD 04/19/2009
Electronic Signature of Signing Officer or Director Date