

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 01, 2009
Secretary of State

DOCUMENT# N04000011572

Entity Name: OAKLEAF PLANTATION BUSINESS PARK OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**6972 LAKE GLORIA BLVD
ORLANDO, FL 328093200**New Principal Place of Business:****Current Mailing Address:**6972 LAKE GLORIA BLVD
ORLANDO, FL 328093200**New Mailing Address:****FEI Number:** 41-2170558**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LELAND MANAGEMENT, INC
6972 LAKE GLORIA BLVD
ORLANDO, FL 328093200 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: PD () Delete
Name: HINSON, DON
Address: 3030 HARTLEY ROAD SUITE 300
City-St-Zip: JACKSONVILLE, FL 32257

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: FOSHEE, J PATE
Address: 3621 HENDRICKS AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

07/01/2009

Electronic Signature of Signing Officer or Director

Date