2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# N05000001174

Entity Name: CAMBRIDGE AT OAKLEAF PLANTATION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

731-1B OAKLEAF PARKWAY
ORANGE PARK, FL 32065

New Principal Place of Business:

Current Mailing Address:

PO BOX 600712
ORANGE PARK, FL 32065

New Mailing Address:

PO BOX 600712
JACKSONVILLE, FL 32260

FEI Number: 20-2538835 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MERCER PROPERTY MANAGEMENT
11512 LAKE MEAD AVENUE #405
JACKSONVILLE, FL 32256 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:	D	( ) Delete
Name:	NEE, WILLIAM	
Address:	PO BOX 600712	
City-St-Zip:	JACKSONVILLE, FL 32260	
Title:	DV	( ) Delete
Name:	CABRERA, FRANCISCO	
Address:	PO BOX 600712	
City-St-Zip:	JACKSONVILLE, FL 32260	
Title:	DS	( ) Delete
Name:	WEXLER, RICHARD	
Address:	PO BOX 600712	
City-St-Zip:	JACKSONVILLE, FL 32260	
Title:	DP	( ) Delete
Name:	MONTANARO, JON	
Address:	PO BOX 600712	
City-St-Zip:	JACKSONVILLE, FL 32260	
Title:	D	( ) Delete
Name:	MAURER, JEFFREY	
Address:	PO BOX 600712	
City-St-Zip:	JACKSONVILLE, FL 32260	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: CYNTHIA S. MERCER AGT 02/05/2009

Electronic Signature of Signing Officer or Director — Date