

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007437

FILED
Feb 16, 2009
Secretary of State

Entity Name: CIRCLED OAK SUBDIVISION HOMEOWNERS' ASSOCIATION, INC

Current Principal Place of Business:

101 CARRICK WAY
MACON, GA 31210

New Principal Place of Business:

Current Mailing Address:

101 CARRICK WAY
MACON, GA 31210

New Mailing Address:

FEI Number: 20-3193414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDUFF, STACY D
4419 EASTPOINTE DR
PENSACOLA, FL 32514 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: DIR. () Delete
Name: TERRELL, RYAN C
Address: 101 CARRICK WAY
City-St-Zip: MACON, GA 31210

Title: DIR. () Delete
Name: FRAZIER, JOANNE
Address: 6117 LOVELACE DR.
City-St-Zip: HAMILTON, OH 45011

Title: DIR. () Delete
Name: MCDUFF, STACY D
Address: 4419 EASTPOINTE DR
City-St-Zip: PENSACOLA, FL 32514

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:

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: RYAN C. TERRELL

DIR

02/16/2009

Electronic Signature of Signing Officer or Director

Date