



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90263 007 ****61.25

DOCUMENT # N05000010745 1. Entity Name THE PRESERVE AT OAKLEAF PLANTATION CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 11217 SAN JOSE BLVD JACKSONVILLE, FL 32223				Mailing Address 11217 SAN JOSE BLVD JACKSONVILLE, FL 32223	
2. Principal Place of Business - No P.O. Box # MAY MANAGEMENT Suite, Apt. #, etc. 5455 AIA S		3. Mailing Address C/O MAY MANAGE Suite, Apt. #, etc. 5455 AIA S. ment			
City & State ST AUGUSTINE FL		City & State ST. AUGUSTINE, FL		4. FEI Number 47-0935463	
Zip 32080		Country ST JOHNS		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'NEIL, CYNTHIA C/O MAY MANAGEMENT 5455 US HWY A1A SOUTH SAINT AUGUSTINE, FL 32080				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARNOLD, CHARLES W 11217 SAN JOSE BLVD JACKSONVILLE, FL 32223	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MICHAEL LEVINE 785-1 OAKLEAF PLANTATION PKWY #1624 ORANGE PARK, FL 32065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD UDELL, ROBERT E 11217 SAN JOSE BLVD JACKSONVILLE, FL 32223	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT RAYMOND SCHUENEMAN 785-1 OAKLEAF PLANTATION PKWY #132 ORANGE PARK, FL 32065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JOHNSON, SUSAN 11217 SAN JOSE BLVD JACKSONVILLE, FL 32223	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CHRISTINE MCEUEN 785-1 OAKLEAF PLANTATION PKWY #532 ORANGE PARK, FL 32065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER SHIRELY CHASTAIN 785-1 OAKLEAF PLANTATION PKWY #713 ORANGE PARK, FL 32065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JEAN JANKOWSKI 785-1 OAKLEAF PLANTATION PKWY #814 ORANGE PARK, FL 32065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT RAYMOND SCHUENEMAN 3050 HAWKSMORE DR. ORANGE PARK FL 32065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Jean Jankowski</u> 4-18-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					