2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# N05000012532

Entity Name: OAKWOOD PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3410 MAGIC OAK LANE
SARASOTA, FL 34232

New Principal Place of Business:

3384 MAGIC OAK LANE
SARASOTA, FL 34232

Current Mailing Address:

3410 MAGIC OAK LANE
SARASOTA, FL 34232

New Mailing Address:

3384 MAGIC OAK LANE
SARASOTA, FL 34232

FEI Number: 20-4146976 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MALLARD & ZIMMERMAN, P.A.
3431 MAGIC OAK LANE
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

JOSEPH, KNIGHT R DT
3384 MAGIC OAK LANE
SARASOTA, FL 34232 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: JOSEPH R. KNIGHT 01/07/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: WILLIAMS, STEELE T
Address: 3410 MAGIC OAK LANE
City-St-Zip: SARASOTA, FL 34232

Title: DVP (X) Delete
Name: MALLARD, DAMION B
Address: 3431 MAGIC OAK LANE
City-St-Zip: SARASOTA, FL 34232

Title: DS ( ) Delete
Name: NILSON, BARBARA
Address: 3403 MAGIC OAK LANE
City-St-Zip: SARASOTA, FL 34232

Title: DT ( ) Delete
Name: KNIGHT, JOSEPH
Address: 3380 MAGIC OAK LANE
City-St-Zip: SARASOTA, FL 34232

Title: D (X) Delete
Name: CONNELL, WILLIAM
Address: 3406 MAGIC OAK LANE
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DS (X) Change ( ) Addition
Name: NILSON, BARBARA
Address: 3734 DICK WILSON DRIVE
City-St-Zip: SARASOTA, FL 34240

Title: DT (X) Change ( ) Addition
Name: KNIGHT, JOSEPH
Address: 3384 MAGIC OAK LANE
City-St-Zip: SARASOTA, FL 34232

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: JOSEPH KNIGHT DT 01/07/2008
Electronic Signature of Signing Officer or Director Date