
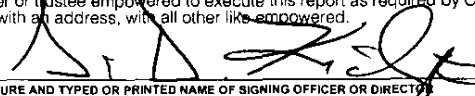


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90077 018 \*\*\*\*61.25

<b>DOCUMENT # N06000010461</b>					
<b>1. Entity Name</b> OAK BLUFF ESTATES HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 2720 PARK STREET SUITE 206 JACKSONVILLE, FL 32205			<b>Mailing Address</b> 2720 PARK STREET SUITE 206 JACKSONVILLE, FL 32205		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 20-1640412	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SMITH, DEBBIE 2720 PARK STREET SUITE 206 JACKSONVILLE, FL 32205			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KICKLIGHTER, STEVEN D		NAME		
STREET ADDRESS	9951 ATLANTIC BLVD SUITE 319		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32225		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LYONS, JAY		NAME		
STREET ADDRESS	2720 PARK STREET SUITE 206		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32205		CITY-ST-ZIP		
TITLE	DST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, DEBBIE		NAME		
STREET ADDRESS	2720 PARK STREET SUITE 206		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32205		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>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.</b>					
<b>SIGNATURE:</b> 			Date: 4-30-07		Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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