

**2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 08, 2010  
Secretary of State**

DOCUMENT# N06000010461

Entity Name: OAK BLUFF ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2771-29 MONUMENT ROAD  
321  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

2771-29 MONUMENT ROAD  
321  
JACKSONVILLE, FL 32225

**New Mailing Address:**

FEI Number: 20-1640412      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KICKLIGHTER, BETH A  
2771-29 MONUMENT ROAD  
321  
JACKSONVILLE, FL 32225 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: DP  
Name: KICKLIGHTER, BETH A  
Address: 2771-29 MONUMENT ROAD  
City-St-Zip: JACKSONVILLE, FL 32225

Title: DV  
Name: RODRIGUEZ, JENNIFER  
Address: 2771-29 MONUMENT RD #321  
City-St-Zip: JACKSONVILLE, FL 32225

Title: DST  
Name: ROSKE, KAREN  
Address: 2771-29 MONUMENT RD #321  
City-St-Zip: JACKSONVILLE, FL 32225

I hereby 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 all other like empowered.

SIGNATURE: BETH A. KICKLIGHTER

PRES

04/08/2010

Electronic Signature of Signing Officer or Director

Date