

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25014

FILED
Apr 30, 2009
Secretary of State

Entity Name: OAKWOOD AT SPRINGTREE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9655 NW 49TH CT
FT LAUDERDALE, FL 33351

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 26912
TAMARAC, FL 33320

New Mailing Address:

FEI Number: 65-0099378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRALEY & OTTO, P.A.
2699 STIRLING ROAD
SUITE C-207
FT. LAUDERDALE, FL 33312 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: PD () Delete
Name: ARCOS, RICHARD
Address: 9655 NW 49 CT
City-St-Zip: FORT LAUDERDALE, FL 33351

Title: VD () Delete
Name: MASON, JONATHAN
Address: 9659 NW 49 CT
City-St-Zip: FORT LAUDERDALE, FL 33351

Title: TD () Delete
Name: RICKARD, CALVIN
Address: 9648 NW 49 ST
City-St-Zip: FORT LAUDERDALE, FL 33351

Title: SD () Delete
Name: QUAST, JANICE
Address: 9643 NW 49 CT
City-St-Zip: FORT LAUDERDALE, FL 33351

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:

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: CALVIN RICKARD

TD

04/30/2009

Electronic Signature of Signing Officer or Director

Date