

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49010

FILED  
Jan 13, 2012  
Secretary of State

**Entity Name:** OAKLEIGH POINTE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

12914 BEAUTY BERRY CIR S  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 77473  
JACKSONVILLE, FL 32226

**New Mailing Address:**

**FEI Number:** 59-3111472

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARNES, WALTER R III  
12914 BEAUTY BERRY CIR S  
JACKSONVILLE, FL 32246 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  
Name: WILLIAMS, CECIL  
Address: 739 SUNKEN MEADOW LANE  
City-St-Zip: JACKSONVILLE, FL 32218

Title: VPD  
Name: WILLIAMS, JAY  
Address: 713 CHESTNUT OAK DR. N.  
City-St-Zip: JACKSONVILLE, FL 32218

Title: TD  
Name: PATTON, MICHELLE R  
Address: 11704 CHERRY BARK DR E  
City-St-Zip: JACKSONVILLE, FL 32218

Title: SD  
Name: GILLIS, GEORGE  
Address: 675 CHERRY BARK DR. N.  
City-St-Zip: JACKSONVILLE, FL 32218

Title: D  
Name: AARON, JACKSON  
Address: 11784 CHERRY BARK DR E  
City-St-Zip: JACKSONVILLE, FL 32246

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: CECIL WILLIAMS

PD

01/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date