2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# N51383

Entity Name: OAKWOOD OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

8359 BEACON BLVD STE 213
FORT MYERS, FL 33907 US

New Principal Place of Business:

8359 BEACON BLVD.
313
FORT MYERS, FL 33907 US

Current Mailing Address:

8359 BEACON BLVD STE 213
FORT MYERS, FL 33907 US

New Mailing Address:

8359 BEACON BLVD.
313
FORT MYERS, FL 33907 US

FEI Number: 59-3149367 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAYDEN, KEN
HAYDEN & ASSOC
8359 BEACON BLVD. STE 213
FORT MYERS, FL 33907 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: WORTH, DUSTIN
Address: 2609 7TH ST W
City-St-Zip: LEHIGH ACRES, FL 33971

Title: VPD ( ) Delete
Name: MASON, LAURIE
Address: 2509 8TH ST W
City-St-Zip: LEHIGH ACRES, FL 33971

Title: D ( ) Delete
Name: PROVOST, ROBERT
Address: 2612 ELVA PLACE
City-St-Zip: LEHIGH ACRES, FL 33971

Title: D ( ) Delete
Name: PARISH, LIBBY
Address: 2614 ELVA PL
City-St-Zip: LEHIGH ACRES, FL 33971

Title: P ( ) Delete
Name: HAYDEN, KEN
Address: 8359 BEACON BLVD STE 213
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MASON, LAURIE
Address: 2509 8TH STREET WEST
City-St-Zip: LEHIGH ACRES, FL 33971

Title: V (X) Change ( ) Addition
Name: SULLIVAN, LORRAINE
Address: 2505 7TH STREET WEST
City-St-Zip: LEHIGH ACRES, FL 33971

Title: T (X) Change ( ) Addition
Name: WORTH, DUSTIN
Address: 2615 6TH STREET WEST
City-St-Zip: LEHIGH ACRES, FL 33971

Title: D (X) Change ( ) Addition
Name: PARISH, LIBBY
Address: 2614 ELVA PLACE
City-St-Zip: LEHIGH ACRES, FL 33971

Title: P (X) Change ( ) Addition
Name: PROVOST, BOB
Address: 2612 ELVA PLACE
City-St-Zip: LEHIGH ACRES, FL 33971

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: LAURIE MASON P 02/12/2009

Electronic Signature of Signing Officer or Director — Date