

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003465

FILED
Apr 28, 2009
Secretary of State

Entity Name: OAKLEIGH POINTE UNIT TWO HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

12914 BEAUTYBERRY CIRCLE SOUTH
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 77473
JACKSONVILLE, FL 32226 US

New Mailing Address:

FEI Number: 59-3293439

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNES, WALTER R III
12914 BEAUTYBERRY CIRCLE SOUTH
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 () Delete
Name: WILLIAMS, CECIL
Address: 719 SUNKEN MEADOW LANE
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: VPTD () Delete
Name: WILLIAMS, JAY
Address: 713 CHESTNUT OAK DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: SD () Delete
Name: GILLIS, GEORGE
Address: 675 CHERRY BARK DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: D () Delete
Name: PATTON, MICHELLE
Address: 11704 CHERRY BARK DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32218 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: WILLIAMS, JAY
Address: 713 CHESTNUT OAK DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: S/TD (X) Change () Addition
Name: GILLIS, GEORGE
Address: 675 CHERRY BARK DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32218 US

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: CECIL WILLIAMS

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date