2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# N95000005848

Entity Name: CORNER OAKS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

12118 CORNER OAKS DR.
JACKSONVILLE, FL 32223 US

New Principal Place of Business:

Current Mailing Address:

12118 CORNER OAKS DR.
JACKSONVILLE, FL 32223 US

New Mailing Address:

12118 CORNER OAKS DRIVE
JACKSONVILLE, FL 32223

FEI Number: 59-3370504 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUKE, ANDREA K
12118 CORNER OAKS DR.
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

DUKE, ANDREA K
12118 CORNER OAKS DRIVE
JACKSONVILLE, FL 32223 US

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: 03/04/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: GELINAS, DANIEL
Address: 12126 CORNER OAKS DR
City-St-Zip: JACKSONVILLE, FL 32223

Title: DS ( ) Delete
Name: DUKE, ANDREA
Address: 12118 CORNER OAKS DR
City-St-Zip: JACKSONVILLE, FL 32223

Title: VP ( ) Delete
Name: MALMIND, JON
Address: 12110 CORNER OAKS DR
City-St-Zip: JACKSONVILLE, FL 32223

Title: T ( ) Delete
Name: DUKE, ANDREA
Address: 12118 CORNER OAKS DR
City-St-Zip: JACKSONVILLE, FL 32223

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: ANDREA K. DUKE DS 03/04/2009
Electronic Signature of Signing Officer or Director — Date