

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2008 8:00 am
Secretary of State

06-12-2008 90002 015 ****61.25

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1. Entity Name
OAKLEIGH RESIDENTS ASSOCIATION, INC.



Principal Place of Business
**MANAGEMENT SPECIALISTS
4400 NW 36TH AVENUE
GAINESVILLE, FL 32606 US**

Mailing Address
**MANAGEMENT SPECIALISTS
4400 NW 36TH AVENUE
GAINESVILLE, FL 32606 US**

60044436



2. Principal Place of Business - No P.O. Box #
500 NW 43rd St

3. Mailing Address
500 NW 43rd St.

Suite, Apt., etc.
Suite 3

Suite, Apt., etc.
Suite 3

City & State
Gainesville, FL

City & State
Gainesville, FL

Zip
32607

Country
USA

Zip
32607

Country
USA

01082008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3436668

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MANAGEMENT SPECIALISTS
4400 NW 36 AVE
GAINESVILLE, FL 32606**

7. Name and Address of New Registered Agent

Name
Cornerstone Property Solutions of N Central FL.
Street Address (P.O. Box Number is Not Acceptable)
500 NW 43rd St.
Suite 3
City **Gainesville** FL Zip Code **32607**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Eugene Haufler

E. J. R.

5-21-08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T SPARROW, RENAI ☐ Delete
5745 SW 75TH ST #157
GAINESVILLE, FL 32608

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P ANDRISIN, JAMES G ☐ Delete
909 SW 126 ST
NEWBERRY, FL 32669

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP OLIVIA, STEVEN J ☐ Delete
12203 SW 11 AVE.
NEWBERRY, FL 32669

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S DEVRIES, ALBERT ☐ Delete
12410 SW 11 AVE
NEWBERRY, FL 32669

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D DECKERT, ANDREW ☐ Delete
12407 SW 9 AVE.
NEWBERRY, FL 32669

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP Sparrow, Renai ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D Olivia, Steven J. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D Tillman Carlton ☐ Change ☒ Addition
12214 SW 11th Ave
Newberry, FL 32669

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Dunn, Helen ☐ Change ☒ Addition
12526 SW 9th Ave
Newberry, FL 32669

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Albert Devries

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/08

Date

352 392 5594

Daytime Phone #