

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000188

FILED
Apr 23, 2009
Secretary of State

Entity Name: OAKLEIGH RESIDENTS ASSOCIATION, INC.

Current Principal Place of Business:

500 NW 43RD ST
STE. 3
GAINESVILLE, FL 32607 US

New Principal Place of Business:

Current Mailing Address:

500 NW 43RD ST
STE. 3
GAINESVILLE, FL 32607 US

New Mailing Address:

FEI Number: 59-3436668

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNERSTONE PROPERTY SOLUTIONS OF N.C. FL
500 NW 43RD STREET
STE. 3
GAINESVILLE, FL 32607 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: VP () Delete
Name: SPARROW, RENAI
Address: 5745 SW 75TH ST #157
City-St-Zip: GAINESVILLE, FL 32608

Title: P () Delete
Name: ANDRISIN, JAMES G
Address: 909 SW 126 ST
City-St-Zip: NEWBERRY, FL 32669

Title: D (X) Delete
Name: OLIVIA, STEVEN J
Address: 12203 SW 11 AVE.
City-St-Zip: NEWBERRY, FL 32669

Title: S () Delete
Name: CEVRIES, ALBERT
Address: 12410 SW 11 AVE
City-St-Zip: NEWBERRY, FL 32669

Title: D () Delete
Name: TILLMAN, CARLTON
Address: 12214 500 11TH AVE
City-St-Zip: NEWBERRY, FL 32669

Title: T (X) Delete
Name: DUNN, HELEN
Address: 12526 SW 9TH AVE
City-St-Zip: NEWBERRY, FL 32669

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: SPARROW, KENNY
Address: 5745 SW 75TH ST #157
City-St-Zip: GAINESVILLE, FL 32608

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

Title: () Change () Addition
Name:
Address:
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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: JAMES ANDRISIN

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date