## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N9600000188

FILED Mar 22, 2010 Secretary of State

Entity Name: OAKLEIGH RESIDENTS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

500 NW 43RD ST 500 NW 43RD ST

STE. 3

GAINESVILLE, FL 32607 US GAINESVILLE, FL 32607 US

Current Mailing Address: New Mailing Address:

500 NW 43RD ST 500 NW 43RD ST

STE. 3
GAINESVILLE, FL 32607 US
GAINESVILLE, FL 32607 US
GAINESVILLE, FL 32607 US

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

CORNERSTONE PROPERTY SOLUTIONS OF N.C. FL 500 NW 43RD STREET

Name and Address of New Registered Agent:

3

GAINESVILLE, FL 32607 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: EUGENE C. HAUFLER 03/22/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: VP

 Name:
 SPARROW, KENNY

 Address:
 5745 SW 75TH ST #157

 City-St-Zip:
 GAINESVILLE, FL 32608

Title: P

 Name:
 ANDRISIN, JAMES G

 Address:
 909 SW 126 ST

 City-St-Zip:
 NEWBERRY, FL 32669

Title: S

 Name:
 DEVRIES, ALBERT

 Address:
 12410 SW 11 AVE

 City-St-Zip:
 NEWBERRY, FL 32669

Title:

Name: TILLMAN, CARLTON
Address: 12214 500 11TH AVE
City-St-Zip: NEWBERRY, FL 32669

Title:

Name: DECKERT, ANDREW
Address: 12407 SW 9TH AVENUE
City-St-Zip: NEWBERRY, FL 32669

Title:

 Name:
 MIYASAKI, HELEN

 Address:
 1018 SW 126TH STREET

 City-St-Zip:
 NEWBERRY, FL 32669

I hereby 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 all other like empowered.

SIGNATURE: JAMES ANDRISIN P 03/22/2010