


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90394 018 \*\*\*\*61.25

<b>DOCUMENT # N96000005588</b> 1. Entity Name OLDFIELD CROSSING PROPERTY OWNERS ASSOCIATION, INC.	
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Principal Place of Business 3740 BEACH BLVD SUITE 300 JACKSONVILLE, FL 32207	Mailing Address 3740 BEACH BLVD SUITE 300 JACKSONVILLE, FL 32207
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50038783



04132005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3413059	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  DEMETREE, J.C. JR 3740 BEACH BLVD SUITE 300 JACKSONVILLE, FL 32207
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BEARD, MICHAEL 1203 SCHOOL STREET WILKESBORO, NC 28697
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GRIMES, TOM 6584 POPLAR AVENUE, STE 340 MEMPHIS, TN 38138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MATTHEWS, LARRY 3740 BEACH BLVD STE 300 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DEMETREE, J.C. JR 3740 BEACH BLVD, STE 300 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUNN, M. HARRIS 3740 BEACH BLVD, STE 300 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *J. C. Demetree Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/05  
Date

(904) 398-7350  
Daytime Phone #