2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

to the second

FILED Apr 30, 2008 8:00 am Secretary of State

04-30-2008 90169 007 ****61.25

DOCUMENT # N96000005588

1. Entity Name
OLDFIELD CROSSING PROPERTY OWNERS
ASSOCIATION, INC.



	TION, INC.	SWILLIO		7				
Principal Place of Business 3740 BEACH BLVD SUITE 300 JACKSONVILLE, FL 32207		Mailing Address 3740 BEACH BLVD SUITE 300 JACKSONVILLE, FL 32207						
2. Principal Place of Business - No P.O. Box # 1551 Atlantic Blvd.		3. Mailing Address P.O. Box 47050						
Suite Suite 300		Suite, Apt. #, etc.		04172008 Cr	ig-NP CR2	E037 (12/06)		
City & Siale Jacksonville, FL		Gity & State Jacksonville, FL		4. FEI Number 59-341305	9	<u> </u>	oplied For ot Applicable	
Zip 32 2	207 Country	^{Zip} 32247 -7050	Country	5. Certificate of St	atus Desired 📋	\$8.75 Add Fee Require		
	6. Name and Address of Current F	Registered Agent		7. Name and Add	ress of New Register	ed Agent		
	EE, J.C. JR				etree, J. C., Jr. (P.O. Box Number is Not Acceptable)			
3740 BEACH BLVD SUITE 300 JACKSONVILLE, FL 32207					Suite 300			
JACKSON	IVILLE, FL 32207		City	csonville		Zip Cod		
8. The above the obligation	e named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office or regist	ered agent, or both, in	-	_ 1 3220	and accept	
SIGNATURE	Signature, typed or printed name of postered agent a	nd title if applicable (NOTE:	Registered Agent signatura requir	red when reinstating)	4/21 DAT	<u> </u>		
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			
-	•	•	· · · —				- 1	
10.	•	Trust Fund Co	· · · —	Added to Fees		partment of S	tate	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2008	Trust Fund Co	ntribution.	Added to Fees	Florida De	partment of S	tate	
TITLE NAME STREET ADDRESS	Due by May 1, 2008 OFFICERS AND DIR DV BEARD, MICHAEL 1203 SCHOOL STREET	Trust Fund Co	11. TITLE NAME STREET ADDRESS	Added to Fees	Florida De	DIRECTORS IN	tate	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2008 OFFICERS AND DIR DV BEARD, MICHAEL 1203 SCHOOL STREET WILKESBORO, NC 28697 DV GRIMES, TOM 6584 POPLAR AVENUE, STE 346	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees	Florida De ES TO OFFICERS AND Y Ivd, Suite 300	PARTMENT OF S DIRECTORS IN Change	tate N 10 Addition	
TITLE NAME STREET ADDRESS CHY-S1-ZIP TITLE NAME STREET ADDRESS CHY-S1-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Due by May 1, 2008 OFFICERS AND DIR DV BEARD, MICHAEL 1203 SCHOOL STREET WILKESBORO, NC 28697 DV GRIMES, TOM 6584 POPLAR AVENUE, STE 346 MEMPHIS, TN 38138 S MATTHEWS, LARRY 3740 BEACH BLVD STE 300	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS	Added to Fees ADDITIONS/CHANGE S Matthews, Larr 1551 Atlantic B	y lvd, Suite 300 L 32207	DIRECTORS IN Change	Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Due by May 1, 2008 OFFICERS AND DIR DV BEARD, MICHAEL 1203 SCHOOL STREET WILKESBORO, NC 28697 DV GRIMES, TOM 6584 POPLAR AVENUE, STE 344 MEMPHIS, TN 38138 S MATTHEWS, LARRY 3740 BEACH BLVD STE 300 JACKSONVILLE, FL 32207 DP DEMETREE, J.C. JR 3740 BEACH BLVD, STE 300	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	S Matthews, Larr 1551 Atlantic B Jacksonville, F DP Demetree, J. C 1551 Atlantic B	y Ivd, Suite 300 L 32207	DIRECTORS IN Change	Addition	

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:

SIGNATURE AND TYPED OR PRINTED HASTE OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #