
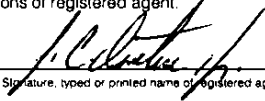
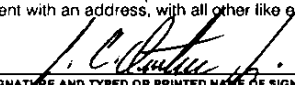


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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.					
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, Apt. #, etc. Suite 300		Suite, Apt. #, etc.			
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 59-3413059	
Zip 32207		Country		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		7. Name and Address of New Registered Agent Name Demetree, J. C., Jr. Street Address (P.O. Box Number is Not Acceptable) 1551 Atlantic Blvd., Suite 300 City Jacksonville FL Zip Code 32207			
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 				DATE 4/28/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV BEARD, MICHAEL 1203 SCHOOL STREET WILKESBORO, NC 28697	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV GRIMES, TOM 6584 POPLAR AVENUE, STE 340 MEMPHIS, TN 38138	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MATTHEWS, LARRY 3740 BEACH BLVD STE 300 JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DEMETREE, J.C. JR 3740 BEACH BLVD, STE 300 JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DUNN, M. HARRIS 3740 BEACH BLVD, STE 300 JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Matthews, Larry 1551 Atlantic Blvd, Suite 300 Jacksonville, FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Demetree, J. C., Jr. 1551 Atlantic Blvd, Suite 300 Jacksonville, FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Dunn, M. Harris 1551 Atlantic Blvd, Suite 300 Jacksonville, FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Matthews, Larry 1551 Atlantic Blvd, Suite 300 Jacksonville, FL 32207	<input type="checkbox"/> Change <input type="checkbox"/> 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: 				Date 4/28/08 Daytime Phone # 904 398 7350	