
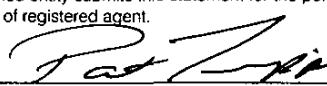
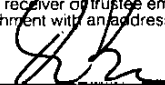


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90103 032 \*\*\*\*61.25

<b>DOCUMENT # N98000001923</b> 1. Entity Name <b>OAK MEADOW PLANTATION AND FOREST PLANTATION OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>2806 W US 90 STE 101 LAKE CITY, FL 32025</b>			Mailing Address <b>2806 W US 90 STE 101 LAKE CITY, FL 32025</b>		
2. Principal Place of Business - No P.O. Box # <b>4400 NW 36th Ave</b>		3. Mailing Address <b>4400 NW 36th Ave</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Gainesville FL</b>		City & State <b>Gainesville FL</b>		4. FEI Number <b>01-0670630</b>	
Zip <b>32606</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CRAPPS, DANIEL 2806 W. US 90 SUITE 101 LAKE CITY, FL 32055</b>			7. Name and Address of New Registered Agent Name <b>Trippe Realty Management</b> Street Address (P.O. Box Number is Not Acceptable) <b>4400 NW 36th Ave</b> City <b>Gainesville</b> <b>FL</b> Zip Code <b>32606</b>		
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					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CRAPPS, DANIEL</b> <input checked="" type="checkbox"/> Delete <b>2806 W. US 90, SUITE 101</b> <b>LAKE CITY, FL 32055</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Carter, Ed</b> <b>498 NW Savannah Circle</b> <b>Lake City, FL 32055</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input checked="" type="checkbox"/> Delete <b>NORTH, J RUSSELL</b> <b>187 NW FOREST MEADOWS AVE</b> <b>LAKE CITY, FL 32055</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Brewer, David</b> <b>3994 NW Colonial Glen</b> <b>Lake City FL 32055</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Delete <b>COLE, RICHARD C</b> <b>619 SW BAYA DR</b> <b>LAKE CITY, FL 32025</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Welsh, Randy</b> <b>248 NW Forest Meadows Ave</b> <b>Lake City FL 32055</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Hemes, Nicolas</b> <b>3992 NW Wisteria Pr.</b> <b>Lake City FL 32055</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.					
<b>SIGNATURE:</b> 			<b>4/27/07</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		