

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90025 045 ****61.25

DOCUMENT # N98000001923

1. Entity Name
**OAK MEADOW PLANTATION AND FOREST PLANTATION
OWNERS ASSOCIATION, INC.**



Principal Place of Business
**4400 NW 36TH AVE
GAINESVILLE, FL 32606**

Mailing Address
**4400 NW 36TH AVE
GAINESVILLE, FL 32606**

40062000



01082008 Chg-NP CR2E037 (12/06)

4. FEI Number
01-0670630

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TRIPPE REALTY MANAGEMENT
4400 NW 36TH AVE
GAINESVILLE, FL 32606**

7. Name and Address of New Registered Agent

Name **Cornerstone Property Solutions**
Street Address (P.O. Box Number is Not Acceptable)
500 NW 43rd St. Ste 3
City **Gainesville** FL Zip Code **32607**

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

E. H. Hawtler **Eugene Hawtler, Pres.**

4/7/08

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **CARTER, ED**
STREET ADDRESS **498 NW SAVANNAH CIRCLE**
CITY-ST-ZIP **LAKE CITY, FL 32055**

TITLE **T** ☒ Delete
NAME **BREWER, DAVID**
STREET ADDRESS **3994 NW COLONIAL GLEN**
CITY-ST-ZIP **LAKE CITY, FL 32055**

TITLE **S** ☒ Delete
NAME **WELSH, RANDY**
STREET ADDRESS **248 NW FOREST MEADOWS AVE**
CITY-ST-ZIP **LAKE CITY, FL 32055**

TITLE **D** ☒ Delete
NAME **HEMES, NICOLAS**
STREET ADDRESS **3992 NW WIESTERIA DR**
CITY-ST-ZIP **LAKE CITY, FL 32055**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Change ☒ Addition
NAME **Tammy Nessmith**
STREET ADDRESS **279 NW Forest Meadows Ave**
CITY-ST-ZIP **Lake City FL 32055**

TITLE **S** ☐ Change ☒ Addition
NAME **Neil whipkey**
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Change ☒ Addition
NAME **John Hampton**
STREET ADDRESS **369 NW Colquitt Way**
CITY-ST-ZIP **Lake City FL 32055**

TITLE **D** ☐ Change ☒ Addition
NAME **Dennis Feagan**
STREET ADDRESS **4211 NW Wiesteria**
CITY-ST-ZIP **Lake City FL 32055**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Joseph E. Carter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/08

Date

Daytime Phone #