

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000001923

FILED
Oct 22, 2009
Secretary of State

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

Current Principal Place of Business:

4400 NW 36TH AVE
GAINESVILLE, FL 32606

New Principal Place of Business:

500 NW 43RD STREET STE 3
GAINESVILLE, FL 32607

Current Mailing Address:

4400 NW 36TH AVE
GAINESVILLE, FL 32606

New Mailing Address:

500 NW 43RD STREET STE 3
GAINESVILLE, FL 32607

FEI Number: 01-0670630 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CORNERSTONE PROPERTY SOLUTIONS
500 NW 43RD ST
STE 3
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

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.

SIGNATURE: MARIA RAMIREZ

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARTER, ED
Address: 498 NW SAVANNAH CIRCLE
City-St-Zip: LAKE CITY, FL 32055

Title: S () Delete
Name: WHIPKEY, NEIL
Address: 3994 NW COLONIAL GLEN
City-St-Zip: LAKE CITY, FL 32055

Title: T () Delete
Name: HAMPTON, JOHN
Address: 369 NW COLQUITT WAY
City-St-Zip: LAKE CITY, FL 32055

Title: D () Delete
Name: FEAGAN, DENNIS
Address: 4211 NW WISTERIA
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NESSMITH, TAMMY
Address: 297 NW FOREST MEADOWS AVE
City-St-Zip: LAKE CITY, FL 32055

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS FEAGAN

D

10/22/2009

Electronic Signature of Signing Officer or Director

Date