2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002448

FILED Feb 09, 2009 Secretary of State

Entity Name: OLDE SUTTON OAKS OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

767 BLANDING BLVD 1008 PARK AVENUE ORANGE PARK, FL 32073 **STE 112**

ORANGE PARK, FL 32065

New Mailing Address: Current Mailing Address:

767 BLANDING BLVD 1008 PARK AVENUE

STE 112 ORANGE PARK, FL 32073 ORANGE PARK, FL 32065

FEI Number: 59-3571099 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

JACKSON, CHRISTOPHER M WOODS, LINDA M 1008 PAŔK AVENUE 767 BLANDING BLVD **STE 112** US

ORANGE PARK, FL 32073 ORANGE PARK, FL 32065 US

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: LINDA M. WOODS 02/09/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete WENDELL, ANDREWS J ANDREWS, WENDELL J Name: Name: 2885 GOLDEN POND BLVD Address: 2885 GOLDEN POND BLVD Address: City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: ORANGE PARK, FL 32073

Title: Title: () Change (X) Addition () Delete

GAYNOR, LAWRENCE A Name: Name: Address: Address: 399 TURTLE DOVE DR. City-St-Zip: City-St-Zip: ORANGE PARK, FL 32073

Title: () Delete Title: () Change (X) Addition

BYERLY, KENNETH R Name: Name: 2884 GOLDEN POND BLVD Address: Address: City-St-Zip: City-St-Zip: ORANGE PARK, FL 32073

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: WENDELL J. ANDREWS PD 02/09/2009