

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000077987

FILED
Apr 27, 2009
Secretary of State

Entity Name: OLDE FIELD OAKS HOME OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

6015 MORROW STREET E
107
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

6015 MORROW ST E
STE. 107
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 59-3300221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BANNING MANAGEMENT INC
6015 MORROW ST E
STE. 107
JACKSONVILLE, FL 32217 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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WOOD, JOEY
Address: 11575 WANDERING PINES
City-St-Zip: JACKSONVILLE, FL 32258

Title: VD (X) Delete
Name: ELLINOR, VINCE
Address: 11550 WANDERING PINES TR W
City-St-Zip: JACKSONVILLE, FL 32258

Title: S () Delete
Name: CONNORS, JOYCE
Address: 4795 WANDERING PINES TRAIL W
City-St-Zip: JACKSONVILLE, FL 32258

Title: TD () Delete
Name: COLON, VIC
Address: 11580 TWIN OAKS DR
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEY WOOD

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date