

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000077987

FILED  
Apr 12, 2012  
Secretary of State

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

**Current Principal Place of Business:**

6028 CHESTER ACE  
SUITE 105  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

6028 CHESTER AVE  
SUITE 105  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

6028 CHESTER ACE  
SUITE 105  
JACKSONVILLE, FL 32217

**New Mailing Address:**

6028 CHESTER AVE  
SUITE 105  
JACKSONVILLE, FL 32217

**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  
6028 CHESTER AVE  
SUITE 105  
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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SIEVERS, DONNA  
Address: 11614 WANDERING PINES TRAIL W  
City-St-Zip: JACKSONVILLE, FL 32258

Title: PD  
Name: CONNORS, JOYCE  
Address: 4795 WANDERING PINES TRAIL W  
City-St-Zip: JACKSONVILLE, FL 32258

Title: D  
Name: COLON, VIC  
Address: 11580 TWIN OAKS DR  
City-St-Zip: JACKSONVILLE, FL 32258

I hereby 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 all other like empowered.

SIGNATURE: JOYCE CONNORS

PD

04/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date