

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005826

Entity Name: OAKLEAF PLANTATION WEST PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**463499 STATE ROAD 200
YULEE, FL 32097**Current Mailing Address:**P O BOX 1987
YULEE, FL 32041 US**FEI Number: 55-0846620****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PROPERTY MANAGEMENT SYSTEMS INC
463499 STATE ROAD 200
YULEE, FL 32097 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title PD
Name MIFSUD, JASON
Address P O BOX 1987
City-State-Zip: YULEE FL 32041Title VPD
Name LANE, WALTER
Address P O BOX 1987
City-State-Zip: YULEE FL 32041Title STD
Name FUHS, STEPHANIE
Address P O BOX 1987
City-State-Zip: YULEE FL 32041Title TD
Name WOLSKI, ROBERT
Address P O BOX 1987
City-State-Zip: YULEE FL 32041Title D
Name KING, DERIMA
Address P O BOX 1987
City-State-Zip: YULEE FL 32041Title D
Name KERR, SHIELA
Address P O BOX 1987
City-State-Zip: YULEE FL 32041Title D
Name CARTER, CICI
Address P O BOX 1987
City-State-Zip: YULEE FL 32041

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

SIGNATURE: JASON MIFSUD**PRESIDENT****04/13/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date