2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 30, 2002 8:00 am Secretary of State **DOCUMENT # 721610** 1. Entity Name OAKWOOD VILLAS CONDOMINIUM OWNER'S ASSOCIATION. 01-30-2002 90160 009 ****61.25 Principal Place of Business Mailing Address 5050 LIVE OAK CIRCLE 5050 LIVE OAK CIRCLE **BRADENTON FL 34207 BRADENTON FL 34207** DOOTZOZT 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1561468 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) C & S CONDOMINIUM MANAGEMENT SERVICE INC 4301 32ND STREET WEST STE 1919 City Zip Code **BRADENTON FL 34205** 8. 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. HEAT UCLE ON SIGNATURE Signature) typed of printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) emmale in 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ----ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. CR2E037 (9/01) ☐ Addition ☐ Delete TITLE Change WILLOUGHBY, ANN NAME STREET ADDRESS 5068 RED OAK PL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Bradenton FL ☐ Delete TITLE ☐ Addition ☐ Change PEARCE, BILL NAME NAME STREET ADDRESS 5038 LIVE OAK STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** TITLE TITLE ☐ Deléte ~ 💽 Change Addition MERCATANTE, JUDITH NAME NAME STREET ADDRESS 5070 WHITE OAK CT STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BRADENTON FL 34207** ☐ Delete TITLE TITLE Change ☐ Addition BOWMAN, MARIAN NAME NAME 5034 LIVE OAK CR. STREET ADDRESS STREET ADDRESS CITY-ST-7IP **BRADENTON FL 34207** CITY-ST-ZIP ٧D TITLE □ Delete TITLE ☐ Change ☐ Addition LANGFORD, JOHN NAME NAME 5019 LIVE OAK CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON FL 34207 CITY-ST-ZIP ☐ Delete ☐ Change Addition abbott, jl NAME STREET ADDRESS 5044 LIVE OAK CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Bradenton FL 34207 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR