

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 724672**

1. Entity Name

THE OAKS ASSOCIATION, INC.**FILED****Jan 22, 2000 8:00 am**
Secretary of State

01-22-2000 90069 013 ****61.25

Principal Place of Business

Mailing Address

**1915 WOODCREST DRIVE
WINTER PARK FL 32792-2455****1915 WOODCREST DRIVE
WINTER PARK FL 32792-5455**

00007458



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3212486

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****CASON, JOAN
1915 WOODCREST DR
WINTER PK FL 32792**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE **TD** ☒ Delete
NAME **BOSS, JANET**
STREET ADDRESS **1927 WOODCREST DR**
CITY-ST-ZIP **WINTER PARK FL 32792**TITLE **TD** ☐ Change ☒ Addition
NAME **LESE, DOROTHY A.**
STREET ADDRESS **1919 WOODCREST DR.**
CITY-ST-ZIP **WINTER PARK, FL 32792**TITLE **SD** ☐ Delete
NAME **HADFIELD, RITA**
STREET ADDRESS **1925 WOODCREST DRIVE**
CITY-ST-ZIP **WINTER PARK FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PD** ☐ Delete
NAME **CASON, JASON**
STREET ADDRESS **1915 WOODCREST DR**
CITY-ST-ZIP **WINTER PARK FL 32792**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)