

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

01-22-2003 90147 045 ****61.25

1/2

DOCUMENT # 724672

1. Entity Name

THE OAKS ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

1913 Woodcrest Dr.
Suite, Apt. #, etc.

3. Mailing Address

1913 Woodcrest Dr.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Winter Park, FL

City & State

Winter Park, FL

4. FEI Number **59-3212486**

Applied For

Not Applicable

Zip

32792

Country

Zip

32792

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SEGREST, BEN
1927 WOODCREST DR.
WINTER PARK FL 32792**

7. Name and Address of New Registered Agent

Name **JUSTIN ROWAN**
Street Address (P.O. Box Number is Not Acceptable)
1913 Woodcrest Dr.
City **Winter Park** FL Zip Code **32792**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

JUSTIN ROWAN *Justin Rowan, Treasurer*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

1/16/03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☒ Delete
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 **PD** ☐ Delete
NAME **SEGREST, BEN** **D**
STREET ADDRESS **1927 WOODCREST DR.**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **JUSTIN ROWAN**
STREET ADDRESS **1913 Woodcrest Dr.** **D**
CITY-ST-ZIP **Winter Park, FL 32792**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Nancy Graham** **D**
STREET ADDRESS **1917 Woodcrest Dr.**
CITY-ST-ZIP **Winter Park, FL 32792**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ 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:

JUSTIN ROWAN *Justin Rowan, Treasurer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/03 **407-622-1979**
Date Daytime Phone #

CR2E037 (10/02)