

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90286 036 \*\*\*\*70.00

**DOCUMENT # 748847**

1. Entity Name

**THE OAKS COMMUNITY ASSOCIATION, INC.**

Principal Place of Business

% WISE PROPERTY MGMT., INC.  
 7628 N. 56TH ST., STE. 8  
 TAMPA FL 33617  
 US

Mailing Address

% WISE PROPERTY MGMT., INC.  
 7628 N. 56TH ST., STE. 8  
 TAMPA FL 33617  
 US

2. Principal Place of Business

**16105 N. FLORIDA**

3. Mailing Address

**16105 N. FLORIDA**

Suite, Apt. #, etc.

**SUITE A**

Suite, Apt. #, etc.

**SUITE A**

City & State

**LUTZ FL**

City & State

**LUTZ FL**

Zip

**33549**

Country

Zip

**33549**

Country

4. FEI Number

**59-2004460**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SPIVEY, WILLIAM C.**  
**% WISE PROPERTY MANAGEMENT INC**  
**7628 N 56TH STREET SUITE 2**  
**TAMPA FL 33617**

7. Name and Address of New Registered Agent

Name

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

**16105 N. FLORIDA**

**SUITE A**

City

**LUTZ**

FL

Zip Code

**33549**

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

TITLE **TD** ☐ Delete  
 NAME **RAY, BRENDA**  
 STREET ADDRESS **14319 HANGING MOSS #202**  
 CITY-ST-ZIP **TAMPA FL 33613**

TITLE **SD** ☒ Delete  
 NAME **WEBER, RUSSELL**  
 STREET ADDRESS **14115 MOSSY GLEN LANE #204**  
 CITY-ST-ZIP **TAMPA FL 33613**

TITLE **PD** ☒ Delete  
 NAME **DOUGLAS, PERREAULT**  
 STREET ADDRESS **13231 PINE CREEK CIR**  
 CITY-ST-ZIP **RIVERVIEW FL 33569**

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

TITLE ☐ Change ☒ Addition  
 NAME **SD ROSE REYES**  
 STREET ADDRESS **14401 HANGING MOSS #102**  
 CITY-ST-ZIP **TAMPA FL 33613**

TITLE ☐ Change ☒ Addition  
 NAME **PD WILFRED CAROTHERS**  
 STREET ADDRESS **4411 SHADY TERR LN #103**  
 CITY-ST-ZIP **TAMPA FL 33613**

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)