2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State
03-15-2000 90132 003 ****61.25

DOCUMENT # 751601

1. Entity Name

THE OAKS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
639 AVENUE F. NW APT 1 WINTER HAVEN FL 33881 US	639 AVENUE F. N.W. APT 1 WINTER HAVEN FL 33881-4075 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2876593 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HERZOG, JOSEPH
295 7TH ST SW
WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent

Name: Herzog, Joseph.
Street Address (P.O. Box Number is Not Acceptable): 335 7th ST. S.W.
City: Winter Haven FL Zip Code: 33880

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: Joseph Herzog, President — Joseph M Herzog — 3/9/00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D WYSE, ESTHER 639 AVE F, NW #2 WINTER HAVEN FL 33881	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. Mitchell, Earl 639 Ave F, N.W. #3 Winter Haven, Fl. 33881	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BENNICK, PATRICIA 639 AVE F, NW #3 WINTER HAVEN FL 33881	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Cravero, Vernon 585 Hillside Dr. Auburndale, Fl. 33823	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HALEY, DIANE 295 -7TH ST SW WINTER HAVEN FL 33881	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Herzog, Diane 335 7th ST, S.W. Winter Haven, Fl. 33880	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALEY, MARIAN 9 KENNETH RD MABLEHEAD MA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Mc Mahan, Merrill 2943 Riverforest Lane Mosinee, Wi. 54455	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PRETIZE, NANCY 3916 CYPRESS LANDINGS N WINTER HAVEN FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HERZOG, JOSEPH 295 7TH ST SW WINTER HAVEN FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Herzog, Joseph. 335 7th St. S.W. Winter Haven, Fl. 33880	☒ Change ☐ Addition

CR2E037 (9/99)

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: Nancy Pretize REQUIRED — 3/9/00 — 863-324-4994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #