2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
03-25-2002 90130 047 ****61.25

DOCUMENT # 755793

1. Entity Name

OAKMONT HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~ASSOCIATION MANAGEMENT~~ ~~7187 THOMPSON ROAD~~ ~~BOYNTON BEACH FL 33426~~ ~~US~~	PO BOX 6143 DELRAY BEACH FL 33484-0143 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: 639 East Ocean Avenue, Suite 204 Boynton Beach, Florida	City & State
Zip: 33435 Country: PBC	Zip / Country

Management Services OF AMERICA, INCORPORATED

4. FEI Number	
59-2940383	☐ Applied For ☐ Not Applicable

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
~~HUCKABY, JANET~~ ~~ASSOCIATION MGMT~~ ~~7187 THOMPSON RD~~ ~~BOYNTON BEACH FL 33426~~	Name: JANET HUCKABY Street Address (P.O. Box Number is Not Acceptable): 639 East Ocean Avenue, Suite 204 City: Boynton Beach, Florida 33435 FL Zip Code: 33435

Management Services OF AMERICA, INCORPORATED

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: Janet Huckaby DATE: 3-12-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 LINSKEY, JUDITH 2340 SW 35TH AVE DELRAY BEACH FL 33435	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O Perry Fuller 2012 SW 36 Ave Delray Beach, FL 33445 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DREXLER, DEBORAH 2009 SW 36TH AVE DELRAY BEACH FL 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST GAVLICK, STANLEY 2144 SW 36 TERR DELRAY BEACH FL 33445	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST James Fisher 3619 SW 23 ST Delray Beach, FL 33445 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PROVENZANO, JOSEPH 1921 SW 36TH AVE DELRAY BEACH FL 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORE, ROBERT 3562 SW 23 STREET DELRAY BEACH FL 33435	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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 REQUIRED Joseph Provenzano 2/1/02 5617360015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #