2000 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

it with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

FILED DOCUMENT # 757523 Apr 18, 2000 8:00 am Secretary of State OAKMONT AT INDIAN SPRING HOMEOWNERS' ASSOCIATION 04-18-2000 90175 034 ****61.25 Principal Place of Business Mailing Address 5995 BANNOCK TERR 5995 BANNOCK TERR **BOYNTON BCH FL 33437 BOYNTON BCH FL 33437-1447** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2083896 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) JOE BARTLETT/CRYSTAL COMMU 5995 BANNOCK TERR. **BOYNTON BCH. FL 33437** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition TITLE Change TITLE ☐ Delete NAME HIRSHFIELD, HARMAN NAME STREET ADDRESS STREET ADDRESS **5293 STONYBROOK LANE** CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BCH, FL 00000** ☐ Change ☐ Addition DP TITLE ☐ Delete TITLE NAME MILLER, WILLIAM NAME STREET ADDRESS STREET ADDRESS 5285 STONYBROOK LANE GITY-ST-ZIP CITY-ST-ZIP BOYNTON BCH, FL 00000 ☐ Addition ☐ Change TD ☐ Delete TITLE TITLE FISHBANE, STANLEY NAME NAME STREET ADDRESS STREET ADDRESS 1126 STONYBROOK LANE CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BCH, FL 00000** Addition Change SD ☐ Delete TITLE OGUSHOFF, JOE NAME NAME STREET ADDRESS STREET ADDRESS 11158 STONYBROOK LN. CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BCH. FL.** ☐ Addition ☐ Change TITLE ☐ Delete TITLE **BUCKSTEIN, HERMAN** NAME NAME STREET ADDRESS STREET ADDRESS 11142 STONYBROOK LANE CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL** ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the 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 of the 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 of the 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 of the 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 of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the receiver