

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-30-2002 90021 049 *****61.25

DOCUMENT # N00000003068

1. Entity Name

OAK BLUFF OF DAYTONA HOMEOWNERS ASSOCIATION, INC ✓

Principal Place of Business

Mailing Address

735 N ATLANTIC AVE
DAYTONA BEACH FL 32118735 N ATLANTIC AVE
DAYTONA BEACH FL 32118**16686**

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

59-3699388

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

Name

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

City

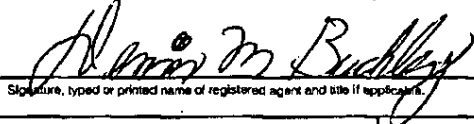
FL

Zip Code

BUCKLEY, DENNIS
735 N ATLANTIC AVE
DAYTONA BEACH FL 32118

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 \$61.259. 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	D ✓	☐ Delete
NAME	BUCKLEY, DENNIS	
STREET ADDRESS	735 N ATLANTIC AVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	OK
TITLE	D ✓	☐ Delete
NAME	ANDERSON, GEORGE	
STREET ADDRESS	328 N ATLANTIC AVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	OK
TITLE	D ✓	☐ Delete
NAME	HOPKINS, JOSEPH H	
STREET ADDRESS	140 S BEACH ST., STE. 308	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	OK
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		
STREET ADDRESS		
CITY-ST-ZIP		
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

01-14-2002

Date

Daytime Phone #

CR2E037 9/01