

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91802 029 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N00000003068 1. Entity Name OAK BLUFF OF DAYTONA HOMEOWNERS ASSOCIATION, INC.				 11042022	
Principal Place of Business 735 N ATLANTIC AVE DAYTONA BEACH, FL 32118		Mailing Address 735 N ATLANTIC AVE DAYTONA BEACH, FL 32118			
2. Principal Place of Business 1037 NORTH HALIFAX Suite, Apt. #, etc.		3. Mailing Address 1037 NORTH HALIFAX Suite, Apt. #, etc.			
City & State ORMOND BEACH, FL		City & State ORMOND BEACH, FL		4. FEI Number 59-3699388	
Zip 32176		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUCKLEY, DENNIS 735 N ATLANTIC AVE DAYTONA BEACH, FL 32118				7. Name and Address of New Registered Agent Name DENNIS BUCKLEY Street Address (P.O. Box Number is Not Acceptable) 1037 NORTH HALIFAX City ORMOND BEACH FL Zip Code 32176	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Dennis M Buckley</i> DATE _____ Signature: Signatory (printed name of registered agent and title if applicable) (NOTE: Registered agent's signature required when submitting)					
FILE NOW FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCKLEY, DENNIS 735 N ATLANTIC AVE DAYTONA BEACH, FL 32118	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, GEORGE 326 N ATLANTIC AVE DAYTONA BEACH, FL 32118	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOPKINS, JOSEPH H 140 S BEACH ST., STE. 306 DAYTONA BEACH, FL 32118	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Delete			
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: <i>Dennis M Buckley</i> Date 4/28/03		

CR2EC37 (10/02)