


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

**FILED**  
**Aug 25, 2003 8:00 am**  
**Secretary of State**

08-25-2003 90096 022 \*\*\*\*61.25

**DOCUMENT # NO1000000007**

1. Entity Name  
**OAKVIEW UNIT 9 HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

**215 MCDONALD STREET  
LAKELAND FL 33806**      **215 MCDONALD STREET  
LAKELAND FL 33806**

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 **59-3743827**      Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**BURT, GEORGE R  
215 MCDONALD STREET  
LAKELAND FL 33806**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

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

City \_\_\_\_\_ **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

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**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BURT, GEORGE R</b>
STREET ADDRESS	<b>215 MCDONALD STREET</b>
CITY-ST-ZIP	<b>LAKELAND FL 33806</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BIRKNER, JOSEPH M</b>
STREET ADDRESS	<b>215 MCDONALD STREET</b>
CITY-ST-ZIP	<b>LAKELAND FL 33806</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BURT, JEAN</b>
STREET ADDRESS	<b>215 MCDONALD STREET</b>
CITY-ST-ZIP	<b>LAKELAND FL 33806</b>
TITLE	_____ <input type="checkbox"/> Delete
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	_____ <input type="checkbox"/> Delete
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED*      8-21-03 863-688-2212

CR2E037 (4/03)