

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

FILED
Jun 30, 2003 8:00 am
Secretary of State

06-30-2003 90062 035 ****61.25

DOCUMENT # N04357

1. Entity Name

OAK TREE GARDENS HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

**2561 S. PARK AVE.
TITUSVILLE FL 32780
US**

Mailing Address

**2561 S. PARK AVE.
TITUSVILLE FL 32780
US**

2. Principal Place of Business

2593 S. PARK AVE.

Suite, Apt. #, etc.

3. Mailing Address

2593 S. PARK AVE.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

TITUSVILLE, FL

City & State

TITUSVILLE, FL

4. FEI Number **59-2823601**

Applied For

Not Applicable

Zip **32780**

Country **USA**

Zip **32780**

Country **USA**

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROBINSON, JEAN
2561 S. PARK AVE.
TITUSVILLE FL 32780**

7. Name and Address of New Registered Agent

Name

KELLI HICKERSON

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

2593 S. PARK AVE.

City

Titusville

FL

Zip Code

32780

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

Kelli Hickerson

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/25/03

DATE

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

TITLE **D** ☐ Delete
NAME **WILLIAMS, CYNTHIA K**
STREET ADDRESS **2555 S. PARK AVE**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **T/D** ☒ Delete
NAME **ROBINSON, JEAN**
STREET ADDRESS **2561 S. PARK AVE.**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **D** ☐ Delete
NAME **HEFFINGTON, PHILLIP**
STREET ADDRESS **2565 S. PARK AVENUE**
CITY-ST-ZIP **TITUSVILLE FL**

TITLE **S** ☐ Delete
NAME **MAZZARE, JAN**
STREET ADDRESS **2597 S PARK AVE**
CITY-ST-ZIP **TITUSVILLE FL**

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 **V/D** ☒ 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 **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P/D** ☐ Change ☒ Addition
NAME **MARK HICKERSON**
STREET ADDRESS **2593 S. PARK AVE.**
CITY-ST-ZIP **TITUSVILLE, FL 32780**

TITLE **S/D** ☐ Change ☒ Addition
NAME **KELLI HICKERSON**
STREET ADDRESS **2593 S. PARK AVE.**
CITY-ST-ZIP **TITUSVILLE, FL 32780**

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:

Kelli Hickerson

KELLI HICKERSON 4/25/03

(321)

364-1612

CR2E037 (10/02)