


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

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90168 009 ****61.25

DOCUMENT # N04387

1. Entity Name
THE OAKS OF MAITLAND HOMEOWNERS' ASSOCIATION, IN C.



Principal Place of Business Mailing Address

**780 DOMMERICH DRIVE
MAITLAND FL 32751
US** **780 DOMMERICH DRIVE
MAITLAND FL 32751
US**

2. Principal Place of Business 3. Mailing Address

1505 The Oaks Drive **1505 The Oaks Drive**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Maitland, FL **Maitland, FL**

Zip Country Zip Country

32751 **U.S.A.** **32751** **U.S.A.**

4. FEI Number **59-2443462** 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

**BAXA, SUSAN
780 DOMMERICH DRIVE
MAITLAND FL 32751**

7. Name and Address of New Registered Agent

Name **Burket, Dale**

Street Address (P.O. Box Number is Not Acceptable)
1505 The Oaks Drive

City **Maitland** FL Zip Code **32751**

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 *Dale A. Burket* **DALE A. BURKET** DATE **2/24/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BURKET, DALE 1505 THE OAKS DRIVE MAITLAND FL 32751 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HAUSHEER, CHRISTINE 771 DOMMERICH DRIVE MAITLAND FL 32751 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EISENBERG, LYA 1506 THE OAKS DRIVE MAITLAND FL 32751 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAXA, SUSAN 780 DOMMERICH DRIVE MAITLAND FL 32751 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Dale A. Burket* **DALE A. BURKET** DATE **2/24/2003** **407.918.6363**

CP2E037 (10/02)