

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90242 039 ****61.25

0009174

DOCUMENT # N25014

1. Entity Name

OAKWOOD AT SPRINGTREE HOMEOWNERS ASSOCIATION, IN

Principal Place of Business

P.O. BOX 26912
 TAMARAC FL 33320

Mailing Address

P.O. BOX 26912
 TAMARAC FL 33320

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

65-0099378

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOOD, LARRY
9667 NW 49 CT
SUNRISE FL 33351

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.

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 \$61.25
After September 12, 2001, min. will be \$236.25

9. 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: PD
 NAME: WOOD, LARRY
 STREET ADDRESS: 9667 NW 49 CT
 CITY-ST-ZIP: FORT LAUDERDALE FL 33351 Delete

TITLE: VD
 NAME: SCOTT, FREDDY
 STREET ADDRESS: 4942 NW 96 TER.
 CITY-ST-ZIP: FORT LAUDERDALE FL 33351 Delete

TITLE: TD
 NAME: MILETSKY, ZELVIN
 STREET ADDRESS: 9662 N.W. 49TH CT.
 CITY-ST-ZIP: SUNRISE FL 33351 Delete

TITLE: SD
 NAME: WOOD, LETICI
 STREET ADDRESS: 9667 NW 49 CT
 CITY-ST-ZIP: FORT LAUDERDALE FL 33351 Delete

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
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 CITY-ST-ZIP:

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TITLE: Change Addition
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 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 empowerments.

SIGNATURE: *LARRY E. WOOD* 7/21/01 954-742-2345

CR2E037 (5/01)