EII ED

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31097  1. Entity Name  OAK LANDING HOMEOWNERS ASSOCIATION, INC.					S	Jan 19, 2001 8:00 am Secretary of State			
Principal Place of Business P O BOX 684 VALRICO FL 33594 US		Mailing Address P O BOX 684 VALRICO FL 33594 US				D0005072			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Numbe	59-2926866	Applied For Not Applicable			
Zip Country		Zip Cou		try	5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current					7. Name and Address of New Registered Agent				
POTTER, JOHN E 2426 OAK LANDING DRIVE BRANDON FL 33511				Street Address City BRA	S (P.O. Box Number 05 OA)	FL	Die		
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  SUSAN W. MC CARTHY  (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  Department of State								01	
10.	OFFICERS AND DIF	RECTORS	11.			ANGES TO OFFICERS AND DI	RECTORS IN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NUNNELEY, JIM 2417 OAK LANDING DRIVE BRANDON FL 33511-7607	₩ Delete	TITLE NAME STREET CITY-S	ST-ZIP BL	ARY LE 118 OAK ANDON,	LANDING DI FI 33511	-7607	Addition S	
TITLE NAME STREET ADDRESS CITY-ST-ZIP-	VD HOLSONBACK, JACK 2414 OAK LANDING DRIVE	Delete	TITLE NAME STREE	ADDRESS 2	417 DAX	NUNNELE LANDING N-FL 335	DR	Addition &	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD POTTER, JOHN F 24226 OAK LANDING DRIVE BRANDON FL 33511-7607	Ď <b>,</b> Delete	TITLE NAME STREE CITY-S	ADDRESS 2.5	ISAN M	CCARTHY CLANDING - FL-33511	DR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREE CITY-S	ADDRESS			□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-S	I ADDRESS ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	CITY-S		0-11-12-27-2		Change	Addition	
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address,	true and accurate and that movered to execute this report a	ny signatu	re shall have th	ne same legal effec	t as if made under oath; that I i	am an officer	or director	

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICE OF DIRECTOR Date OF DISTANCE PRINTED NAME OF SIGNING OFFICE OF DIRECTOR Date OF DISTANCE PRINTED NAME OF SIGNING OFFICE OF DIRECTOR DATE OF DISTANCE OF DIRECTOR DATE OF DISTANCE OF DIRECTOR DATE OF DATE OF DIRECTOR DATE OF DAT