

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90039 029 ****61.25

DOCUMENT # N42591

1. Entity Name

OAKVIEW LAKES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

300 S WASHINGTON AVE
 #83
 FT MEADE FL 33841
 US

300 S WASHINGTON AVE
 #83
 FT MEADE FL 33841-3185
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

300 S. WASHINGTON AVE

3. Mailing Address

300 S. WASHINGTON AVE

Suite, Apt. #, etc.

51

Suite, Apt. #, etc.

51

City & State

FT. MEADE

City & State

FT. MEADE

4. FEI Number

59-2951321

Applied For

Not Applicable

Zip

33841-3185

Country

USA

Zip

33841-3185

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAKER, ARWYN
300 W WASHINGTON SUITE 28
FT MEADE FL 33841

7. Name and Address of New Registered Agent

Name **NANCY DENNISON**
 Street Address (P.O. Box Number is Not Acceptable) **300 S. WASHINGTON AVE LOT 51**
 City **FT. MEADE** FL Zip Code **33841-3185**

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

3-6-00
 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 Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MATTOCK, RICHARD	
STREET ADDRESS	300 S WASHINGTON, SUITE 12	
CITY-ST-ZIP	FT MEADE FL 33841	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CAMERY, AGNES	
STREET ADDRESS	300 S WASHINGTON SUITE 235	
CITY-ST-ZIP	FT MEADE FL 33841	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KALETA, IRENE	
STREET ADDRESS	300 S WASHINGTON SUITE 223	
CITY-ST-ZIP	FT MEADE FL 33841	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	POTTIEGER, BARBARA	
STREET ADDRESS	300 S WASHINGTON SUITE 102	
CITY-ST-ZIP	FT MEADE FL 33841	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CANFIELD,, SHIRLEY	
STREET ADDRESS	300 S. WASHINGTON SUITE 246	
CITY-ST-ZIP	FORT MEADE FL 33841	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARSHALL,, JACK	
STREET ADDRESS	300 S. WASHINGTON SIUTE 236	
CITY-ST-ZIP	FORT MEADE FL 33841	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGNES CAMERY	
STREET ADDRESS	300 S. WASHINGTON AVE LOT 235	
CITY-ST-ZIP	FT. MEADE, FL 33841-3185	
TITLE	VICE PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIRLEY CANFIELD	
STREET ADDRESS	300 S. WASHINGTON AVE LOT 246	
CITY-ST-ZIP	FT. MEADE, FL 33841-3185	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHIRLEY HOLCOMB	
STREET ADDRESS	300 S. WASHINGTON AVE LOT 219	
CITY-ST-ZIP	FT. MEADE FL 33841-3185	
TITLE	TREA SUREA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NANCY DENNISON	
STREET ADDRESS	300 S. WASHINGTON AVE LOT 51	
CITY-ST-ZIP	FT. MEADE, FL 33841-3185	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARWYN MAKER	
STREET ADDRESS	300 S. WASHINGTON AVE LOT 26	
CITY-ST-ZIP	FT MEADE, FL 33841-3185	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROY WHEELDON	
STREET ADDRESS	300 S. WASHINGTON AVE LOT 113	
CITY-ST-ZIP	FT. MEADE, FL 33841-3185	

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: *NANCY DENNISON* **3-6-00** **863-285-6401**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)