

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90087 013 ****61.25

DOCUMENT # N42591

1. Entity Name

OAKVIEW LAKES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**300 S WASHINGTON AVE
 86
 FT MEADE FL 33841
 US**

**300 S WASHINGTON AVE
 86
 FT MEADE FL 33841
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2951321**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HEPP, MARGARET
 300 S WASHINGTON AVE
 LOT 86
 FT MEADE FL 33841**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
 NAME **MESZAROS, JERRY**
 STREET ADDRESS **300 S. WASHINGTON AVE LOT 235**
 CITY-ST-ZIP **FORT MEADE FL 33841**

TITLE **P** Change Addition
 NAME **RAY ENGLISH**
 STREET ADDRESS **300 S. WASHINGTON AVE LOT 248**
 CITY-ST-ZIP **FT MEADE FL, 33841**

TITLE **VP** Delete
 NAME **WILSON, GARY**
 STREET ADDRESS **300 S. WASHINGTON AVE LOT 246**
 CITY-ST-ZIP **FORT MEADE FL 33841**

TITLE **VP** Change Addition
 NAME **JOHN FORSYTH**
 STREET ADDRESS **300 S. WASHINGTON AVE LOT 201**
 CITY-ST-ZIP **FT. MEADE FL. 33841**

TITLE **S** Delete
 NAME **DENNISON, NANCY**
 STREET ADDRESS **300 S. WASHINGTON AVE LOT 219**
 CITY-ST-ZIP **FORT MEADE FL 33841**

TITLE **S** Change Addition
 NAME **LUCY ALLEN**
 STREET ADDRESS **300 S. WASHINGTON AVE LOT 72**
 CITY-ST-ZIP **FT. MEADE FL. 33841**

TITLE **TS** Delete
 NAME **HEPP, MARGARET**
 STREET ADDRESS **300 S. WASHINGTON AVE LOT 86**
 CITY-ST-ZIP **FORT MEADE FL 33841**

TITLE **D** Change Addition
 NAME **JOE FRYC**
 STREET ADDRESS **300 S. WASHINGTON AVE LOT 207**
 CITY-ST-ZIP **FT. MEADE FL 33841**

TITLE **D** Delete
 NAME **JOHNSON, ALLAN**
 STREET ADDRESS **300 S. WASHINGTON AVE LOT 28**
 CITY-ST-ZIP **FORT MEADE FL 33841**

TITLE **D** Change Addition
 NAME **PAT REYNOLDS**
 STREET ADDRESS **300 S. WASHINGTON AVE LOT 40**
 CITY-ST-ZIP **FT. MEADE FL. 33841**

TITLE **D** Delete
 NAME **VARGO, TOM**
 STREET ADDRESS **300 S. WASHINGTON AVE. LOT 113**
 CITY-ST-ZIP **FORT MEADE FL 33841**

TITLE **D** Change Addition
 NAME **GARRY WILSON**
 STREET ADDRESS **300 S. WASHINGTON LOT 263**
 CITY-ST-ZIP **FT. MEADE FL. 33841**

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: **MARGARET E. HEPP** **MARGARET E. HEPP** 2-02-02 863-285-8928

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)