

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

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90082 020 ****61.25

DOCUMENT # N42591



1. Entity Name
OAKVIEW LAKES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
**300 S WASHINGTON AVE
86
FT MEADE FL 33841
US**

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

60004131



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
NAME **TS MARGARET E. HEPP**
STREET ADDRESS **300 S. WASHINGTON AVE #86**
CITY-ST-ZIP **FT. MEADE, FL. 33841**

TITLE **VP** Delete
NAME **FORSYTHE, JOHN**
STREET ADDRESS **300 S. WASHINGTON AVE. LOT 201**
CITY-ST-ZIP **FORT MEADE FL 33841**

TITLE Change Addition
NAME **D FRY JOEC**
STREET ADDRESS **300 S. WASHINGTON AVE #207**
CITY-ST-ZIP **FORT MEADE, FL. 33841**

TITLE **S** Delete
NAME **ALLEN, LUCY**
STREET ADDRESS **300 S. WASHINGTON AVE. LOT 72**
CITY-ST-ZIP **FORT MEADE FL 33841**

TITLE Change Addition
NAME **D CUNNINGHAM JIM**
STREET ADDRESS **300 S. WASHINGTON AVE. #192**
CITY-ST-ZIP **FORT MEADE, FL. 33841**

TITLE **TS** Delete
NAME **FRY, JOE C**
STREET ADDRESS **300 S. WASHINGTON AVE. LOT 207**
CITY-ST-ZIP **FORT MEADE FL 33841**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **REYNOLDS, PAT**
STREET ADDRESS **300 S. WASHINGTON AVE. LOT 40**
CITY-ST-ZIP **FORT MEADE FL 33841**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **WILSON, GARRY**
STREET ADDRESS **300 S. WASHINGTON AVE. LOT 263**
CITY-ST-ZIP **FORT MEADE FL 33841**

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 empowered.

SIGNATURE: Margaret E. Hepp **MARGARET E. HEPP** 1-07-03 863-285-8928

CR2E037 (10/02)