

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-28-2002 91717 045 ****61.25

DOCUMENT # N93000002174

1. Entity Name

OAK FOREST OF TAMPA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 290993
 TEMPLE TERRACE FL 33687-0993

P.O. BOX 290993
 TEMPLE TERRACE FL 33687-0993

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0411157** Applied For Not Applicable

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

SELIGMAN, MATTHEW R.
7410 BECKY THATCHER LANE
TAMPA FL 33637

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 Change Addition

TITLE **PD** Delete
 NAME **SELIGMAN, MATTHEW R**
 STREET ADDRESS **7410 BECKY THATCHER LANE**
 CITY-ST-ZIP **TAMPA FL 33637**

TITLE **SD** Delete
 NAME **HARGROVE, HAZEL S**
 STREET ADDRESS **7511 SAVANNAH LANE**
 CITY-ST-ZIP **TAMPA FL 33637**

TITLE **K** Delete
 NAME **MCWILLIAMS, ANTHONY** *Director*
 STREET ADDRESS **7404 BECK THATCHER LANE**
 CITY-ST-ZIP **TAMPA FL 33637**

TITLE **James Reed** Delete
 NAME **James Reed** *Director*
 STREET ADDRESS **8305 Levee Lane**
 CITY-ST-ZIP **Tampa FL 33637**

TITLE **Cynthia Dike** Delete
 NAME **Cynthia Dike** *Director*
 STREET ADDRESS **7519 Savannah Lane**
 CITY-ST-ZIP **Tampa FL 33637**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD T** Change Addition
 NAME **Stephens, Hazel S.**
 STREET ADDRESS **7511 Savannah Lane**
 CITY-ST-ZIP **Tampa FL 33637**

TITLE
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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 the empowered.

SIGNATURE:

Matthew R. Seligman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Matthew R. Seligman *March 19, 2002*
 Date

504-7894
 Daytime Phone #

CR2037 (9/01)

Attachment
916320



Oak Forest of Tampa Homeowners Association, Inc.

P.O. Box 290993, Tampa, FL 33687

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: Oak Forest of Tampa Homeowners Association, Inc.

Reference Number: N93000002174

Hazel Hargrove married several months ago and is now Hazel Stephens. This correction/update was missed when this form was filed.

The titles you requested are as follows:

- | | |
|------------------------|-----------------------------------|
| 1. Seligman, Matthew R | Director, President |
| 2. Stephens, Hazel S | Director, Secretary and Treasurer |
| 3. McWilliams, Anthony | Director |
| 4. Reed, James | Director |
| 5. Blake, Cynthia | Director |

Please let us know if there is any further info needed. Thanks.

Cordially,

Matt Seligman