

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002283

1. Entity Name

OAK RIVER HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90139 035 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1900 SW 24TH TERR  
 FT LAUDERDALE FL 33312  
 US

1900 SW 24TH TERR  
 FT LAUDERDALE FL 33312-4534  
 US

2. Principal Place of Business

3. Mailing Address

2502 SW 19 ST

2502 SW 19 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT. Lauderdale FL

FT Lauderdale FL

Zip 33312

Country USA

Zip 33312

Country USA

4. FEI Number

65-0500927

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

FALOWSKI, STEPHEN  
 1900 SW 24TH TERR  
 FT LAUDERDALE FL 33312

Name

Kevin J. Loy

Street Address (P.O. Box Number is Not Acceptable)

2502 SW 19 ST

City

FT Lauderdale FL

Zip Code

33312

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

*Kevin J. Loy*

Kevin J. Loy

4-28-00

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	PD	<input checked="" type="checkbox"/> Delete
NAME	FALOWSKI, STEPHEN	
STREET ADDRESS	1900 SW 24TH TERR	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GAFFIN, JANE	
STREET ADDRESS	1920 S.W. 24 TERRACE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FALOWSKI, BARBARA	
STREET ADDRESS	1900 SW 24TH TERR	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	RAUSCH, PATRICK	
STREET ADDRESS	1804 SW 24 TERRACE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kevin J. Loy	
STREET ADDRESS	2502 SW 19 ST	
CITY-ST-ZIP	FT. LAUD. FL. 33312	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALOWSKI, STEPHEN	
STREET ADDRESS	1900 SW 24 TERRACE	
CITY-ST-ZIP	FT. LAUDERDALE, FLA 33312	
TITLE	S.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Irene C. SWANSON	
STREET ADDRESS	1919 S.W. 24 TERR.	
CITY-ST-ZIP	FT. LAUDERDALE, FL. 33312	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAMER, CLAYTON B.	
STREET ADDRESS	1727 SW 24 AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Kevin J. Loy*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00 561-241-5880

Date

Daytime Phone #

CR2E037 (9/99)