

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000003459

FILED
Apr 27, 2003
Secretary of State

Entity Name: OAK PARK HOMEOWNERS ASSOCIATION OF TALLAHASSEE, INC.

Current Principal Place of Business:

431 WAVERLY ROAD
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

Current Mailing Address:

431 WAVERLY ROAD
TALLAHASSEE, FL 32312 US

New Mailing Address:

FEI Number: 59-3396836 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISAACS, DAN LEE
431 WAVERLY ROAD
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DTS () Delete
Name: BROOKS, MAFE
Address: 2780 OAK PARK COURT
City-St-Zip: TALLAHASSEE, FL 32308

Title: VD () Delete
Name: JOE, SMITH
Address: 2765 OAK PARK COURT
City-St-Zip: TALLAHASSEE, FL 32308

Title: PD () Delete
Name: POTTER, TRAVIS
Address: 2752 OAK PARK COURT
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BROOKS, MAFE
Address: 2780 OAK PARK COURT
City-St-Zip: TALLAHASSEE, FL 32308

Title: VD (X) Change () Addition
Name: MAY, JULIE A
Address: 2753 OAK PARK COURT
City-St-Zip: TALLAHASSEE, FL 32308

Title: DST (X) Change () Addition
Name: MCKAY, VICTOR
Address: 2785 OAK PARK COURT
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAFE BROOKS

Electronic Signature of Signing Officer or Director

PRES

04/27/2003

Date