

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90862 015 ****61.25

DOCUMENT # N98000003358

1. Entity Name

OAKMONT AT THE LAKES AT THREE OAKS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**9160 PITTSBURGH BLVD
 FORT MYERS FL 33912**

**17717 OAKMONT RIDGE CIR
 FORT MYERS FL 33912**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0901611

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FREEMAN, PAUL H
 19091 TAMiami TR SE
 FORT MYERS FL 33908**

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	VPD	<input type="checkbox"/> Delete
NAME	PARAAM, RICHARD	
STREET ADDRESS	17967 OAKMONT RIDGE CIR	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCKINLAY, DOUGLAS S	
STREET ADDRESS	17717 OAKMONT RIDGE CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	S	<input type="checkbox"/> Delete
NAME	JAMIESON, SCOTT	
STREET ADDRESS	17926 OAKMONT RIDGE CIR	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VASQUEZ, DAVID	
STREET ADDRESS	17720 MIDDLE OAK CT	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: DOUGLAS S. MCKINLAY *Douglas S. McKinlay* 4-9-02 239-267-0605
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)