

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001030

1. Entity Name

OAK PARK OF WINTER GARDEN HOMEOWNERS ASSOCIATION

FILED

Apr 05, 2000 8:00 am  
Secretary of State

04-05-2000 90092 005 \*\*\*\*61.25

Principal Place of Business

Mailing Address

308 S DILLARD STREET  
WINTER GARDEN FL 34787

P O BOX 770779  
WINTER GARDEN FL 34777-0779

2. Principal Place of Business

3. Mailing Address

P.O. Box 770105

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Winter Garden FL

Zip

Country

Zip

Country

34777-0105

USA

4. FEI Number

59-3510625

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

SMITH, FRANCES

308 S DILLARD STREET  
WINTER GARDEN FL 34787

Name

Joseph Nunes

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

647 Stevelynn Cir

City

Winter Garden

FL

Zip Code

34787

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

*Joseph M Nunes Jr*

Joseph M Nunes Jr

27 MAR 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 ☒ Delete  
NAME WIGGINTON, DONALD  
STREET ADDRESS 200 MELJANE DR  
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE PD ☐ Change ☒ Addition  
NAME LESLIE HALLER  
STREET ADDRESS 218 CLACYN CT  
CITY-ST-ZIP Winter Garden FL 34787

TITLE STD ☒ Delete  
NAME SMITH, FRANCES  
STREET ADDRESS 308 S DILLARD STREET  
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE STD ☐ Change ☒ Addition  
NAME Joseph NUNES  
STREET ADDRESS 647 STEVELYNN CIR  
CITY-ST-ZIP Winter Garden FL 34787

TITLE VD ☒ Delete  
NAME NUNES, JOSEPH  
STREET ADDRESS 647 STEVELYNN CIR  
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE VD ☐ Change ☒ Addition  
NAME Carmen Cancel  
STREET ADDRESS 628 Stevelynn Cir  
CITY-ST-ZIP Winter Garden FL 34787

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME Donald Wigginton  
STREET ADDRESS 200 MELJANE DR  
CITY-ST-ZIP Winter Garden FL 34787

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME Sharon Lambert  
STREET ADDRESS 749 Stevelynn Cir  
CITY-ST-ZIP Winter Garden FL 34787

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME EDWARD AMBROSE  
STREET ADDRESS 207 CLACYN COURT  
CITY-ST-ZIP WINTER GARDEN FL 34787

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:

*Leslie Haller* REQUESTED Haller

3-27-00 (407) 654-6370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)