2001 UNIFORM BUSINESS REPORT (UBR)

Feb 09, 2001 8:00 am DOCUMENT # 768733 **Secretary of State** 1. Entity Name 02-09-2001 90768 035 ****61.25 OAK TRAIL ESTATES HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address JOHN SAVINO JOHN SAVIRO 5661 N.W. 96 LANE 5661 N.W. 96 AVE. OCALA FL 34482 OCALA FL 34482 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2424570 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent J-ASIORKOW5KI Street Address (P.O. Box Number is Not Acceptable) 5861 N.W. 96 LANE Zip Code 34482 8. The above named entity submissible statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be \Box Trust Fund Contribution. Added to Fees FEE IS \$61.25 Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE **⊠** Change Addition JASIORKOWSKI, PAUL 5861 N. W. 96 LANG SAVINO, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 5661 N.W. 96 LANE CITY-ST-ZIP CITY-ST-ZIP OCALA OCALA FL 34482 DUP Change ☐ Addition TITLE Delete TITLE PHILLIPS, JOSEPH NAME LYNN BROWN NAME 5565 N.W. 96 LANG STREET ADDRESS 9525 N.W_60 AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FL 34482 OCALA FL OCALA TITLE TITLE [] Change Addition Delete PHILLIPS, JOSEPH SAUTHOT John -NAME NAME 5661 N. W. 96 LANE STREET ADDRESS 9525 NW 60 AVE STREET ADDRESS CITY-ST-ZIF **OCALA FL 34482** CITY-ST-ZIP OCHLA FL 34482 ☐ Delete BARNES, LINDA 5878 N.W. 96 KANE NAME STREET ADDRESS STREET ADDRESS OCALA FL 34487 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE CUMMINSS, Shapon NAME NAME 6400 N.W. 50 AUR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP OCALA FL 34482 ☐ Delete TITLE ☐ Addition TITLE

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.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

City-St-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2/3/2001

690-6130 Daytime Phone #