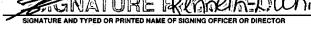
2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 16, 2001 8:00 am Secretary of State DOCUMENT # N98000001004 1. Entity Name OAK PARK HOMEOWNERS ASSOCIATION OF ORANGE COUNTY 02-16-2001 90002 004 ****61.25 Principal Place of Business Mailing Address 257 PLAZA DRIVE UNIT D 257 PLAZA DRIVE UNIT D OVIEDO FL 32765 OVIEDO FL 32765 Principal Place of Business ental Ado DO NOT WRITE IN THIS SPACE Apt. #, etc. Apt. #. etc. Applied For 4. FEI Number 59-3480782 Not Applicable **6**ûntry \$8,75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable) CLARK, SCOTT D 369 N. NEW YORK AVENUE 3RD FLOOR WINTER PARK FL 32789 Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition TITLE ☐ Delete TITLE NAME WHITE, KENNETH L NAME STREET ADDRESS STREET ADDRESS 257 PLAZA DRIVE UNIT D CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL 32765 ☐ Addition Change TITLE D۷ ☐ Delete TITLE NAME RIGSBY, WILLIAM D NAME STREET ADDRESS STREET ADDRESS 257 PLAZA DRIVE UNIT D CITY-ST-ZIP CITY-ST-ZIF OVIEDO FL 32765 ☐ Addition Change TITLE DTS ☐ Delete TITLE NAME TRACY, ELSIE M NAME STREET ADDRESS STREET ADDRESS 257 PLAZA DRIVE UNIT D CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL 32765 Change ☐ Addition TIT! F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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

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CITY-ST-ZIP



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