

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001004

1. Entity Name

OAK PARK HOMEOWNERS ASSOCIATION OF ORANGE COUNTY

Principal Place of Business

257 PLAZA DRIVE UNIT D  
OVIEDO FL 32765

Mailing Address

257 PLAZA DRIVE UNIT D  
OVIEDO FL 32765

2. Principal Place of Business

1650 S Central Ave  
Suite Apt. #, etc.  
1000

3. Mailing Address

1650 S Central Ave  
Suite Apt. #, etc.  
1000

City & State

OVIEDO, FL

City & State

OVIEDO, FL

Zip  
32765

Country  
USA

Zip  
32765

Country  
USA

6. Name and Address of Current Registered Agent

CLARK, SCOTT D  
369 N. NEW YORK AVENUE 3RD FLOOR  
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

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

TITLE DP ☐ Delete  
NAME WHITE, KENNETH L  
STREET ADDRESS 257 PLAZA DRIVE UNIT D  
CITY-ST-ZIP OVIEDO FL 32765

TITLE DV ☐ Delete  
NAME RIGSBY, WILLIAM D  
STREET ADDRESS 257 PLAZA DRIVE UNIT D  
CITY-ST-ZIP OVIEDO FL 32765

TITLE DTS ☐ Delete  
NAME TRACY, ELSIE M  
STREET ADDRESS 257 PLAZA DRIVE UNIT D  
CITY-ST-ZIP OVIEDO FL 32765

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 16, 2001 8:00 am  
Secretary of State

02-16-2001 90002 004 \*\*\*\*61.25

00022140



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3480782

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CR2E037 (10/00)