

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34288

1. Entity Name

OAK FOREST UNIT EIGHT HOMEOWNERS' ASSOCIATION, I

FILED  
Apr 02, 2001 8:00 am  
Secretary of State

04-02-2001 90318 047 \*\*\*\*61.25

0024879

Principal Place of Business

2180 W. STATE RD. 434, SUITE 5000  
LONGWOOD FL 32779

Mailing Address

2180 W. STATE RD. 434, SUITE 5000  
LONGWOOD FL 32779

00030654



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-29848 18

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HART JR., JAMES W.  
SENTRY MANAGEMENT INC  
LONGWOOD FL 32779

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	VD	<input type="checkbox"/> Delete
NAME	NAGER, SUSAN	
STREET ADDRESS	1116 TROTWOOD BLVD	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TOUKATLY, JIM	
STREET ADDRESS	1135 O DAY DRIVE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	COMEN, MIKE	
STREET ADDRESS	1103 TROTWOOD BLVD	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, DENNIS	
STREET ADDRESS	1116 SEAFARER LN	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOND, BOB	
STREET ADDRESS	1107 SEAFARER LN	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARROLL, MARK	
STREET ADDRESS	1110 O'DAY DR	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STREVER, TIMOTHY	
STREET ADDRESS	1136 TROTWOOD BLVD	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRILOUX, RANDALL	
STREET ADDRESS	1124 O'DAY DR	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATTA, MAHA	
STREET ADDRESS	1114 SEAFARER LANE	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*MARK CARROLL* REMARKED CARROLL

2/26/2001

407 788 6700 x306

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)