

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001431

1. Entity Name

EASTLAKE OAKS HOMEOWNERS ASSOCIATION, INC.

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90020 035 ****61.25

Principal Place of Business

Mailing Address

7001 Temple Terrace Hwy.
Temple Terrace FL 33637

SAME

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3375272

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Zscham, Julius F. Esq.
911 Chestnut Street
Clearwater, FL 34616

Name Florida Central Management

Street Address (P.O. Box Number is Not Acceptable)
2430 Estancia Blvd.

Suite 114

City

Clearwater

FL

Zip Code

33761

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

Robert M. Norek Sr. V.P.

DATE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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
NAME Sellinger, John
STREET ADDRESS 311 Park Place Blvd STE 600
CITY-ST-ZIP Clearwater, FL 34619 ☒ Delete

TITLE PD
NAME Kinney, Scott
STREET ADDRESS 1745 Mapleleaf Blvd.
CITY-ST-ZIP Oldsmar, FL 34677 ☒ Change ☒ Addition

TITLE VD
NAME Sjckle, Linda
STREET ADDRESS 311 Park Place Blvd STE 600
CITY-ST-ZIP Clearwater, FL 33759 ☒ Delete

TITLE VPD
NAME Ronecker, Jim
STREET ADDRESS 1605 Gray Bark Dr.
CITY-ST-ZIP Oldsmar, FL 34677 ☒ Change ☒ Addition

TITLE STD
NAME Miller, Francine
STREET ADDRESS 311 Park Place Blvd STE 600
CITY-ST-ZIP Clearwater, FL 33759 ☒ Delete

TITLE SD
NAME Jackson, Martin
STREET ADDRESS 1248 Oak Pond Ct.
CITY-ST-ZIP Oldsmar, FL 34677 ☒ Change ☒ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME Pierce, Linda
STREET ADDRESS 1740 Split Fork Dr.
CITY-ST-ZIP Oldsmar, FL 34677 ☒ Change ☒ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME Delia, John Jr.
STREET ADDRESS 1742 Oak Pond Ct.
CITY-ST-ZIP Oldsmar, FL 34677 ☒ Change ☒ Addition

TITLE ☐ Delete
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 #

CR2E037 (11/00)