

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90111 020 ***61.25

DOCUMENT # N00000001710

1. Entity Name

OAKSHIRE ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**5695 BEGGS ROAD
 STE B-100
 ORLANDO FL 32810**

**5695 BEGGS ROAD
 STE B-100
 ORLANDO FL 32810**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3700403**

Applied For
 Not Applicable

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

**THORNTON, ESQ, HARKLEY R
 5695 BEGGS ROAD
 STE B-100
 ORLANDO FL 32810**

Name **SUTHERLAND, THERESA**

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

5695 BEGGS RD., SUITE B100

City **ORLANDO**

FL

Zip Code **32810**

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 **THERESA SUTHERLAND**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-02

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** ☐ Delete
 NAME **TORRO, MAGGIE**
 STREET ADDRESS **12001 SCIENCE DR. STE 160**
 CITY-ST-ZIP **ORLANDO FL 32826**

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

TITLE **VD** ☐ Delete
 NAME **DURKIN, TIM**
 STREET ADDRESS **12001 SCIENCE DR. STE 160**
 CITY-ST-ZIP **ORLANDO FL 32826**

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

TITLE **SD** ☐ Delete
 NAME **BOLIN, TED**
 STREET ADDRESS **12001 SCIENCE DR STE 160**
 CITY-ST-ZIP **ORLANDO FL 32826**

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

TITLE **TD** ☐ Delete
 NAME **ALVAREZ, CHRISTINA**
 STREET ADDRESS **6767 N. WICKHAM RD SUITE 500**
 CITY-ST-ZIP **MELBOURNE FL 32940**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 line empowered.

SIGNATURE: **Tim Durkin**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02

407-296-0411

CR2E037 (9/01)