

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34288

1. Entity Name

OAK FOREST UNIT EIGHT HOMEOWNERS' ASSOCIATION, I
NC.

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

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

59-2984818

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

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 ☒ Delete
NAME NAGER, SUSAN
STREET ADDRESS 1116 TROTWOOD BLVD
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE D ☐ Change ☒ Addition
NAME BURK, RON
STREET ADDRESS 1138 TROTWOOD BLVD
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE D ☒ Delete
NAME TOUKATLY, JIM
STREET ADDRESS 1135 O DAY DRIVE
CITY-ST-ZIP WINTER SPRINGS FL 32708

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

TITLE PD ☐ Delete
NAME CARROLL, MARK
STREET ADDRESS 1110 O'DAY DR
CITY-ST-ZIP WINTER SPRINGS FL 32708

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

TITLE D ☐ Delete
NAME STREVER, TIMOTHY
STREET ADDRESS 1136 TROTWOOD BLVD.
CITY-ST-ZIP WINTER SPRINGS FL 32708

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

TITLE STD ☐ Delete
NAME FRILOUX, RANDALL
STREET ADDRESS 1124 O'DAY DR
CITY-ST-ZIP WINTER SPRINGS FL 32708

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

TITLE D ☐ Delete
NAME MATTA, MAHA
STREET ADDRESS 1114 SEAFARER LANE
CITY-ST-ZIP WINTER SPRINGS FL 32708

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

3/22/02

407 788 6700 x 306

Date

Daytime Phone #

CR2E037 (9/01)