2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000001004

FILED Sep 12, 2002 Secretary of State

Entity Name: OAK PARK HOMEOWNERS ASSOCIATION OF ORANGE COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

650 S CENTRAL AVENUE 6464 REDWOOD OAKS DRIVE

1000 ORLANDO, FL 32818 OVIEDO, FL 32765

Current Mailing Address: New Mailing Address:

650 S CENTRAL AVENUE 6464 REDWOOD OAKS DRIVE

1000 ORLANDO, FL 32818 OVIEDO, FL 32765

FEI Number: 59-3480782 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

() Delete

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:

Name:

Address:

KL.

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

WHITE, KENNETH L

257 PLAZA DRIVE UNIT D

Title: DP (X) Change () Addition
Name: CASTLEBERRY-GREEN, NZINGA
Address: 6465 REDWOOD OAKS DRIVE

City-St-Zip: OVIEDO, FL 32765 City-St-Zip: ORLANDO, FL 32818

Title: DV () Delete Title: DTS (X) Change () Addition Name: RIGSBY, WILLIAM D Name: FISHER, NICHOLE L

Address: 257 PLAZA DRIVE UNIT D Address: 6464 REDWOOD OAKS DRIVE

City-St-Zip: OVIEDO, FL 32765 City-St-Zip: ORLANDO, FL 32818

Title: DTS () Delete Title: DV (X) Change () Addition

 Name:
 TRACY, ELSIE M
 Name:
 HARRIS, ALYSSA

 Address:
 257 PLAZA DRIVE UNIT D
 Address:
 6380 LIVEWOOD OAKS DRIVE

City-St-Zip: OVIEDO, FL 32765 City-St-Zip: ORLANDO, FL 32818

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICHOLE L FISHER S/T 09/12/2002