

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-08-2003 90140 002 ****70.00

DOCUMENT # 762291

1. Entity Name

OAK VILLAGE ASSOCIATION, INC.



Principal Place of Business

**1717 S. DIVISION AVE.
ORLANDO FL 32805**

Mailing Address

**1717 S. DIVISION AVE.
ORLANDO FL 32805**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1478791**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WHITE, PETER J
500 TOPAZ WAY
ORLANDO FL 32806**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	WHITE, PETER J	
STREET ADDRESS	500 TOPAZ WAY	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	D	☐ Delete
NAME	WHITE, LOU	
STREET ADDRESS	500 TOPAZ WAY	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	D	☒ Delete
NAME	WHITE, PETRINA	
STREET ADDRESS	725 E. JEFFERSON ST.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D	☐ Delete
NAME	Paul White	
STREET ADDRESS	517 Baxter St.	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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)(f), 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 REQUIRED Lou White

Date

Daytime Phone #

407-425-5913

CR2E037 (10/02)