

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90156 032 \*\*\*\*61.25

**DOCUMENT # N00000001710**

1. Entity Name

**OAKSHIRE ESTATES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

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

Mailing Address

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

**10000703**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3700403**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **SUTHERLAND, THERESA D.**

Street Address (P.O. Box Number is Not Acceptable)  
**5695 BEGGS ROAD**

**SUITE B-100**

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

SIGNATURE

*Theresa D. Sutherland* **THERESA D. SUTHERLAND**

**4/15/03**

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

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 **VD** ☒ 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 **PD** ☒ 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 **STD** ☐ Change ☒ Addition  
NAME **ROBERTS, RON**  
STREET ADDRESS **12001 SCIENCE DRIVE, SUITE 160**  
CITY-ST-ZIP **ORLANDO, FL 32826**

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

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

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 like empowered.

SIGNATURE: *Timothy Durkin* **RECEIVED TIMOTHY DURKIN**

**4/18/03**

**407-296-0411**

CR2E037 (10/02)