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

FILED
Aug 18, 2003 8:00 am
Secretary of State
08-18-2003 90166 017 ****61.25

DOCUMENT # N32702

1. Entity Name

THE OAKS SUBDIVISION HOMEOWNERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
C/O LEE DANDO 101 RIVERVIEW TERR E PALATKA FL 32131	C/O LEE DANDO 101 RIVERVIEW TERR E. PALATKA FL 32131

☐ CHECK HERE IF MAKING CHANGES

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 NOT APPLICABLE ☐ 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
PICKENS, JOE H. 113 N. 4TH STREET PALATKA FL 32077	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
After September 10, 2003, min will be $236.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P TAYLOR, LARRY 124 RIVERSEDGE DR EAST PALATKA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DANA HAYNES 113 RIVERS EDGE DR. E. PALATKA, FL 32131	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD DANDO, LEE 101 RIVERVIEW TERRACE EAST PALATKA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHRISTOPHER KENNEDY 115 RIVERS EDGE DR. E. PALATKA, FL 32131	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUDSON, LUCY RT 1 BOX 449-A EAST PALATKA FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D IZELLE McCLOUD 110 WATER OAK CT. E. PALATKA, FL 32131	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARR, H.M. 107 WATEROAK CT EAST PLATKA FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALTER PARNELL 107 WATER OAK CT. E. PALATKA, FL 32131	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAYLE WHITE 117 RIVERS EDGE DR. E. PALATKA, FL 32131	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (4/03)

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 REQUIRED LEE C. DANDO 8-15-03 (386) 328-7053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #