

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706508

1. Entity Name

OAKHURST GROVES HOME OWNERS' ASSOCIATION INCORPORATED

FILED

May 28, 2002 8:00 am
Secretary of State

05-28-2002 91537 010 ****61.25

Principal Place of Business

Mailing Address

P O BOX 4593
SEMINOLE FL 33775-4593
US

P O BOX 4593
SEMINOLE FL 33775-4593
US

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

BARAUSKAS, ANDREW L ESQ
5462 CENTRAL AVE
ST PETERSBURG FL 33707

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 PD
NAME HEATH, LEE ☐ Delete
STREET ADDRESS 13705 JAMAICA DR
CITY-ST-ZIP SEMINOLE FL 33776

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

TITLE VD
NAME FRAY, THOMAS J ☒ Delete
STREET ADDRESS 13798 TRINIDAD DR.
CITY-ST-ZIP SEMINOLE FL 33776

TITLE PD
NAME Jordan, Jane E. ☐ Change ☒ Addition
STREET ADDRESS 13942 Barbados Drive
CITY-ST-ZIP Seminole, FL 33776

TITLE STD
NAME KUCERA, VINCE ☒ Delete
STREET ADDRESS 13787 94TH AVE N
CITY-ST-ZIP SEMINOLE FL 33776

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

TITLE RSD
NAME KUCERA, GAIL ☐ Delete
STREET ADDRESS 13787 94TH AVE N
CITY-ST-ZIP SEMINOLE FL 33776

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)