

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
 05-09-2002 90038 049 ****61.25

DOCUMENT # 737211

1. Entity Name

VICTORIA OAKS OWNERSHIP ASSOCIATION, INC.

Principal Place of Business

Mailing Address

105 CAMELLIA COURT
 HAWTHORNE FL 32640
 US

P.O. BOX 880
 HAWTHORNE FL 32640
 US

2. Principal Place of Business

101 VICTORIA Road

3. Mailing Address

101 VICTORIA Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HAWTHORNE FL

City & State

HAWTHORNE FL

Zip

32640

Country

USA

Zip

32640

Country

USA

4. FEI Number

59-1474531

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WHITESIDE, BEVERLY C
105 CAMELLIA COURT
HAWTHORNE FL 32640

7. Name and Address of New Registered Agent

Name

BRIAN Boddie

Street Address (P.O. Box Number is Not Acceptable)

101 VICTORIA Rd.

HAWTHORNE

FL 32640

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

Brian K. Boddie

Signature, typed or printed name of registered agent and title if applicable.

BRIAN K. Boddie, President

(NOTE: Registered Agent signature required when reinstating)

04/22/02

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

TITLE **PD** ☒ Delete
 NAME **BUSCH, MYRA J**
 STREET ADDRESS **102 W CEDAR COURT**
 CITY-ST-ZIP **HAWTHORNE FL 32640**

TITLE **DV** ☒ Delete
 NAME **DRUMMOND, HELENE**
 STREET ADDRESS **119 W CEDAR COURT**
 CITY-ST-ZIP **HAWTHORNE FL 32640**

TITLE **STD** ☐ Delete
 NAME **WHITESIDE, BEVERLY C**
 STREET ADDRESS **105 CAMELLIA COURT**
 CITY-ST-ZIP **HAWTHORNE FL 32640**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 **PD** ☒ Change ☐ Addition
 NAME **BRIAN Boddie**
 STREET ADDRESS **101 VICTORIA Rd.**
 CITY-ST-ZIP **HAWTHORNE FL 32640**

TITLE **DV** ☒ Change ☐ Addition
 NAME **Joyce Chamberlain**
 STREET ADDRESS **102 Honeysuckle Ct.**
 CITY-ST-ZIP **HAWTHORNE FL 32640**

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

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/02 (352) 481-4473

Date Daytime Phone #

CR2E037 (9/01)