

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90438 010 ****61.25

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

DOCUMENT # 744369					
1. Entity Name THE OAK FOREST & WILLOWOOD OF COUNTRYSIDE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2785 CAPWOOD LANE CLEARWATER, FL 33761			Mailing Address PO BOX 16004 CLEARWATER, FL 33761		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1827371	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCOTT, JOHN V 2785 CAPWOOD LANE CLEARWATER, FL 33761				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 _____ DATE _____ Signature typed on printed name of registered agent and file if applicable. (MORE Registered Agent Signatures required when submitting)					
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 NAME STREET ADDRESS CITY-ST-ZIP	P DUNN, JAMES 2801 QUAIL HOLLOW ROAD CLEARWATER, FL 33761	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUTHMILLER, HELENE 2767 LONGVIEW DRIVE CLEARWATER, FL 33761	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D GANT, NELDA 2766 QUAIL HOLLOW ROAD CLEARWATER, FL 33761	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAN, KEN 2754 WILLOWOOD DR. CLEARWATER, FL 337613237	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWE, JOYCE 2878 QUAIL HOLLOW RD CLEARWATER, FL 33761	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCOTT, JOHN 2785 CAPWOOD LANE CLEARWATER, FL 33761	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MSO VALBUENA, SUE 2778 WILLOWOOD TERRACE CLEARWATER, FL 33761	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2778 WILLOWOOD DRIVE	☒ Change ☐ Addition
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: <u>John V. Scott</u> JOHN V. SCOTT 2-6-03 727-7964622					