2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

FILED May 28, 2002 8:00 am Secretary of State **DOCUMENT # 746278** 1. Entity Name OAKRUN SUBDIVISION ASSOCIATION, INCORPORATED 05-28-2002 91693 045 ****61.25 Principal Place of Business Mailing Address P.O. BOX 441 P.O. ROX 441 ひひとよりまりま TALLEVAST FL 34270-0441 **TALLEVAST FL 34270-0441** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-2317152 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6._Name and Address of Current Registered Agent. DAVIO UNDERHILL Street Address (P.O. Box Number is Not Acceptable) TUCKERMAN, PETER 4729 OAK RUM DR ORIVE SARASOTA FL 34243 Zip Code 3424 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) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. П Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 (9/01 Audition . Delete TITLE TREASURER TITLE RAYMOND F. GREEN vastag, geza NAME NAME 725 OAK RUN OR, STREET ADDRESS 7308 OAK RUN LN STREET ADDRESS FL 34243 SARASOTA FL 34243 CITY-ST-7IP CITY-ST-ZIP SARASITA PRESIDENT ☐ Delete ☐ Change TITLE TITLE KLAUS, DORANTH AVID UNDER HILL NAME NAME 4749 OHL RUN DR STREET ADDRESS 7420 OAK RUN LANE STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34243 CITY-ST-ZIP SARUSOTH FL 34243 Addition Delete TITLE TITLE < ec-- - Change HUBBARD, TOM LARRY LAWMAN NAME NAME 4757 OAKRUN DA STREET ADDRESS 7313 OAK RUN LANE STREET ADDRESS 34243 CITY-ST-ZIP SARASOTA FL 34243 CITY-ST-ZIP SARASOLA TITLE Delete TITLE ☐ Change Addition DIRECTOR RYLES, BECCA NAME NAME ANDREA 2 ve1/6/L OAK RUN DRING 7300 OAK RUN LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34243 CITY-ST-ZIP FL 34243 .**X** Delete TITLE Change Addition TUCKERMAN, PETER NAME NAME 4729 OAK RUN LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34243 TITLE □ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

KAYMONO

F. GREETY TREAS,