

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

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90058 021 ****61.25

DOCUMENT # 751059

1. Entity Name

OAKWOOD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

% CAROL W. OPP
6508 N.W. 27TH PLACE
GAINESVILLE FL 32606
US

Mailing Address

% CAROL W. OPP
6508 N.W. 27TH PLACE
GAINESVILLE FL 32606
US

2. Principal Place of Business

6520 NW 28th Place

3. Mailing Address

6520 NW 28th Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville FL

City & State

Gainesville, FL

Zip

32606

Country

USA

Zip

32606

Country

USA

6. Name and Address of Current Registered Agent

OPP, CAROL W
6508 N.W. 27 PLACE
GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

Name **Blatt, Karen R.**

Street Address (P.O. Box Number is Not Acceptable)
6520 N.W. 28th Place

City **Gainesville**

FL

Zip Code

32606

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

Karen R. Blatt

3/3/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **PADGETT, STEVE**
STREET ADDRESS **2707 NW 66TH TERRACE**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **SD** ☐ Delete
NAME **DANIELS, KAREN**
STREET ADDRESS **6517 NW 27TH PLACE**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **TD** ☒ Delete
NAME **OPP, CAROL W**
STREET ADDRESS **6508 NW 27 PLACE**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **VD** ☐ Delete
NAME **PRESTON, ALLAN**
STREET ADDRESS **6527 NW 27TH PLACE**
CITY-ST-ZIP **GAINESVILLE FL 32606**

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

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

TITLE ☒ Change ☐ Addition
NAME **Blatt, Karen R.**
STREET ADDRESS **6520 N.W. 28th Place**
CITY-ST-ZIP **Gainesville, FL 32606**

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

TITLE ☐ Change ☐ Addition
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:

Karen R. Blatt

3/3/03

352-219-1728

CR2E037 (10/02)