

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758880

1. Entity Name

OAK TREE HOMEOWNER'S ASSOCIATION, INC.

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90092 039 ****61.25

Principal Place of Business	Mailing Address
C/O JOHANN G. SPETH 2740 OAK TREE LANE FT. LAUDERDALE FL 33309-6700	C/O JOHANN G. SPETH 2740 OAK TREE LANE FT. LAUDERDALE FL 33309-6700



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
C/O DUANE SMERYAGE	C/O DUANE SMERYAGE

Suite, Apt. #, etc.	Suite, Apt. #, etc.
2744 OAK TREE LANE	2744 OAK TREE LANE

City & State	City & State
FORT LAUDERDALE FL	FORT LAUDERDALE FL

Zip	Country	Zip	Country
33309-6700	US	33309-6700	US

4. FEI Number	Applied For
65-0143503	Not Applicable

5. Certificate of Status Desired	Additional Fee Required
<input type="checkbox"/>	\$8.75

6. Name and Address of Current Registered Agent

STRUVE, DAVID C
2760 OAK TREE LANE
FT. LAUDERDALE FL 33309

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.

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	T	NAME	SPETH, HANS	STREET ADDRESS	2740 OAK TREE LANE	CITY-ST-ZIP	FT. LAUDERDALE FL	<input checked="" type="checkbox"/> Delete
TITLE	VP	NAME	FLYNN, MIKE	STREET ADDRESS	2930 OAK TREE DRIVE	CITY-ST-ZIP	FT. LAUDERDALE FL	<input checked="" type="checkbox"/> Delete
TITLE	D	NAME	BUSCH, DARLENE	STREET ADDRESS	2880 OAK TREE DRIVE	CITY-ST-ZIP	FT. LAUDERDALE FL	<input checked="" type="checkbox"/> Delete
TITLE	P	NAME	LUMSFORD, RAY	STREET ADDRESS	2728 OAK TREE COURT	CITY-ST-ZIP	FT. LAUDERDALE FL	<input checked="" type="checkbox"/> Delete
TITLE	D	NAME	STAUBE, DAVE	STREET ADDRESS	2950 OAK TREE DRIVE	CITY-ST-ZIP	FT. LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE	D	NAME	BROAD, RICHARD	STREET ADDRESS	2400 W. PROSPECT RD.	CITY-ST-ZIP	FT. LAUDERDALE FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TREASURER	NAME	SMERYAGE, DUANE	STREET ADDRESS	2744 OAK TREE LANE	CITY-ST-ZIP	FT. LAUDERDALE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP	NAME	BOSS, RON	STREET ADDRESS	2768 OAK TREE LANE	CITY-ST-ZIP	FT. LAUDERDALE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	NAME	WHITE, HARVEY	STREET ADDRESS	2685 OAK TREE DR.	CITY-ST-ZIP	FT. LAUD FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SECRETARY	NAME	SCOTT, BILL	STREET ADDRESS	2704 OAK TREE DRIVE	CITY-ST-ZIP	FT. LAUD FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PRESIDENT	NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Duane Smeryage DUANE SMERYAGE TREASURER 3/6/00 954-733-7720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)