

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

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90151 035 *****61.25

DOCUMENT # 758880

1. Entity Name

OAK TREE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

**C/O DUANE SMERYAGE
2744 OAK TREE LANE
FT. LAUDERDALE FL 33309-6700**

Mailing Address

**C/O DUANE SMERYAGE
2744 OAK TREE LANE
FT. LAUDERDALE FL 33309-6700**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0143503**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STRUVE, DAVID C
2760 OAKTREE LANE
FT. LAUDERDALE FL 33309**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	SMERYAGE, DUANE	
STREET ADDRESS	2744 OAK TREE LANE	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	BINKERD, ED	
STREET ADDRESS	2713 OAK TREE DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUNT, PAULA	
STREET ADDRESS	2660 OAKTREE CIRCLE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, BILL	
STREET ADDRESS	2704 OAK TREE DR	
CITY-ST-ZIP	FT LAUD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STAUBE, DAVE	
STREET ADDRESS	2950 OAK TREE DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FENNON, RAY	
STREET ADDRESS	2950 OAK TREE DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Now PRESIDENT
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIRECTOR GEIGER, BILL
STREET ADDRESS	2650 OAK TREE CIRCLE
CITY-ST-ZIP	FT LAUD FL
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIRECTOR STEPHENSON, JILL
STREET ADDRESS	2723 OAK TREE LANE
CITY-ST-ZIP	FT LAUD FL
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIRECTOR SADER, TRAMME
STREET ADDRESS	2900 OAK TREE DRIVE
CITY-ST-ZIP	FT LAUD FL
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Duane Smeryage** **DUANE SMERYAGE**
QUINTREASURER

4/6/03 954-733-7720

CR2E037 (10/02)