

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90008 008 ****61.25

DOCUMENT # 766539

1. Entity Name

TOWN OAKS HOMEOWNER'S ASSOCIATION, INC.

PLEASE CHANGE ADDRESS TO:

Mailing Address

PLEASE CHANGE ADDRESS TO:

725 NORTH A1A, SUITE C-110
 JUPITER, FLORIDA 33477

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 JU
 US

725 NORTH A1A, SUITE C-110
 JUPITER, FLORIDA 33477

3.



Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 59-2566901	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INGLIS, STEVE
C/O BRISTOL MGMT
103 S US1, F5-135
JUPITER FL 33477

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DD MCCLOSKEY, DEBORAH	NAME	
STREET ADDRESS	1041 RAINTREE	STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GRDNS FL 33410	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P DODGE, CHUCK	NAME	
STREET ADDRESS	1093 RAINTREE CT.	STREET ADDRESS	
CITY-ST-ZIP	PALM BCH. GRDNS FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP HUNT, SAM	NAME	
STREET ADDRESS	1019 RAINTREE DR.	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GDNS FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DD VUKOVICH, PETER	NAME	
STREET ADDRESS	1057 RAINTREE	STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GRDNS FL 3341	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DD MILLER, CHET	NAME	
STREET ADDRESS	1095 RAINTREE CT	STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GRDNS FL 33410	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T TROTTER, PATRICIA	NAME	
STREET ADDRESS	1089 RAINTREE DR.	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	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 _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E037 (9/99)