

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767177

1. Entity Name

COUNTRY OAKS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

4541 SW 46TH ST
OCALA FL 34474-4354
US

Mailing Address

4541 SW 46TH ST
OCALA FL 34474-4354
US

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

59-3099994

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

FRAZIER, MILTON
4541 SW 46TH ST.
OCALA FL 34474

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. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SILEZIN, JOHN ☐ Delete
STREET ADDRESS 4550 SW 44TH COURT
CITY-ST-ZIP Ocala FL 34474

TITLE SD
NAME MARTIN, RUTH ☐ Delete
STREET ADDRESS 4571 SW 46TH AVENUE
CITY-ST-ZIP Ocala FL 34474

TITLE TD
NAME HETRICK, ELIZABETH ☐ Delete
STREET ADDRESS 4581 SW 44TH LANE
CITY-ST-ZIP Ocala FL 34474

TITLE VPD
NAME SHINGLEDECKER, JIM ☐ Delete
STREET ADDRESS 4541 SW 44 LANE
CITY-ST-ZIP Ocala FL 34474-9221

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 PD ☒ Change ☐ Addition
NAME Clegg, James
STREET ADDRESS 4540 SW 46th Avenue
CITY-ST-ZIP Ocala, FL 34474-9435

TITLE VD ☒ Change ☐ Addition
NAME Michael Ferguson
STREET ADDRESS 4560 SW 46th Avenue
CITY-ST-ZIP Ocala, FL 34474-9435

TITLE SD ☐ Change ☐ Addition
NAME ~~Ruth-Martin~~
STREET ADDRESS 4571 SW 46th Avenue
CITY-ST-ZIP Ocala, FL 34474-4348

TITLE TD ☐ Change ☐ Addition
NAME Elizabeth Hetrick
STREET ADDRESS 4581 SW 44th Lane
CITY-ST-ZIP Ocala, FL 34474-9221

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:

James Clegg, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/25/02

(352) 237-3937

Date

Daytime Phone #

CR2E037 (9/01)

0087678

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90106 019 *****61.25



DO NOT WRITE IN THIS SPACE