

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000001633**

1. Entity Name

THE OAKS NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779-5044****2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779-5044****00000000**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3640110

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HART, JR., JAMES W
C/O SENTRY MANAGEMENT INC
2180 WEST SR 434, SUITE 5000
LONGWOOD FL 32779**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	FRIEDMAN, GEROGE	1110 DOUGLAS AVE #3000	ALTAMONTE SPRINGS FL 32714	PD	GRAHAM, BILL	1110 DOUGLAS AVE #2040	ALTAMONTE SPRINGS FL 32714
VD	HUDRIK, DEBBIE	4902 EISENHOWER BLVD #289	TAMPA FL 33634	VD	SELLERS, JEFF	1110 DOUGLAS AVE #2040	ALTAMONTE SPRINGS FL 32714
STD	GRIMM, CINDY	1110 DOUGLAS AVE #3000	ALTAMONTE SPRINGS FL 32714	STD	BRAZNELL, SUZZANNE	1110 DOUGLAS AVE #2040	ALTAMONTE SPRINGS FL 32714

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:**REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**2/20/01**

Date

407-788-6700

Daytime Phone #

CR2E037 (10/00)