

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0013196

DOCUMENT # N00000006705

1. Entity Name
OAK TREE PLAZA CONDOMINIUM ASSOCIATION, INC.

04-02-2002 90975 015 ****61.25

Principal Place of Business 5540 HANSEL AV STE 104 ORLANDO FL 32809	Mailing Address 5540 HANSEL AV STE 104 ORLANDO FL 32809
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2. Principal Place of Business 5524 HANSEL AVE Suite, Apt. #, etc.	3. Mailing Address 5524 HANSEL AVE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

59-3713051

City & State EDGEWOOD, FL	City & State EDGEWOOD, FL
Zip 32809	Country ORANGE

4. FEI Number APPLIED FOR	Applied For <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
CARVALHO, ENIO
5540 HANSEL AV
STE 104
ORLANDO FL 32819

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
5524 HANSEL AVENUE
 City **EDGEWOOD** FL Zip Code **32809**

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 Enio Carvalho

DATE 3-27-02

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 & NAME DPT CARVALHO, ENIO	<input type="checkbox"/> Delete	
STREET ADDRESS 518 LAKESCAPE COURT		
CITY-ST-ZIP ORLANDO FL 32828		
TITLE & NAME DS CARVALHO, ANA C	<input type="checkbox"/> Delete	
STREET ADDRESS 518 LAKESCAPE COURT		
CITY-ST-ZIP ORLANDO FL 32828		
TITLE & NAME DV FREIRE, ANA S	<input type="checkbox"/> Delete	
STREET ADDRESS 13560 EYAS RD		
CITY-ST-ZIP ORLANDO FL 32837		
TITLE & NAME	<input type="checkbox"/> Delete	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE & NAME	<input type="checkbox"/> Delete	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE & NAME	<input type="checkbox"/> Delete	
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE & NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE & NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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CITY-ST-ZIP		
TITLE & NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Enio Carvalho

DATE 3-27-02 DAYTIME PHONE # 407 3630154

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE DAYTIME PHONE #

CR2E037 (9/01)