

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

1/1

FILED
Feb 10, 2003 8:00 am
Secretary of State

01-13-2003 90674 012 ****61.25

DOCUMENT # N00000006705

1. Entity Name

OAK TREE PLAZA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**5524 HANSEL AVE
EDGEWOOD FL 32809**

**5524 HANSEL AVE
EDGEWOOD FL 32809**

55005821

2. Principal Place of Business

7061 GRAND NATIONAL DR

3. Mailing Address

7061 Grand NAT'L DR

Suite, Apt. #, etc.

SUITE 126

Suite, Apt. #, etc.

SUITE 126

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32819

Country

ORANGE

Zip

32819

Country

ORANGE

4. FEI Number **59-3713051**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CARVALHO, ENIO
5524 HANSEL AVE
EDGEWOOD FL 32809**

7. Name and Address of New Registered Agent

Name **ENIO CARVALHO**

Street Address (P.O. Box Number is Not Acceptable)

**7061 GRAND NATIONAL DR
SUITE 126**

City **ORLANDO**

FL

Zip Code **32819**

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 **Enio Carvalho**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-03

FILE NOW: FEE IS \$81.25

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
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: **Enio Carvalho**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-03 407363-0154

Date

Daytime Phone #

CR2E037 (10/02)