

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006782

1. Entity Name

THE OAKS OF DURKEEVILLE HOMEOWNERS ASSOCIATION,

Principal Place of Business

1149 WEST SIXTH ST.  
JACKSONVILLE FL 32209

Mailing Address

1149 WEST SIXTH ST.  
JACKSONVILLE FL 32209

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

PHILLIPS, JATONYA  
1149 WEST SIXTH ST.  
JACKSONVILLE FL 32209

4. FEI Number

59-3684938

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
PHILLIPS, JATONYA  
1149 WEST SIXTH ST.  
JACKSONVILLE FL 32209 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
SENIOR, DONALD  
1137 WEST SIXTH ST.  
JACKSONVILLE FL 32209 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
HOOD, GLORIA  
1208 MCCONNIE ST.  
JACKSONVILLE FL 32209 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ASD  
PATRICK, KEKEISHA  
1226 MCCONNIE ST.  
JACKSONVILLE FL 32209 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
ROBINSON, ROVANNIA  
1155 WEST SIXTH ST.  
JACKSONVILLE FL 32209 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
JOHNSON, ROXANNE  
8711 NEWTON RD.  
JACKSONVILLE FL 32209 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
Patrick, Kekeisha

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 #

FILED  
Mar 19, 2001 8:00 am  
Secretary of State

03-19-2001 90449 050 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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