

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

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90332 010 ****61.25

DOCUMENT # **N02000002383**

1. Entity Name
OAK PARK HOMEOWNERS ASSOCIATION OF DELAND INC.



Principal Place of Business

**721 WRIGHT CT
DELAND FL 32720**

Mailing Address

**721 WRIGHT CT
DELAND FL 32720**

2. Principal Place of Business

719 Wright Ct. Deland FL 32720

3. Mailing Address

719 Wright Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Deland, FL

Zip
32720

Country

Volusia

City & State
Deland FL

Zip
32720

Country

Volusia

4. FEI Number

Not applicable

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MASSEY, GEORGE
721 WRIGHT CT
DELAND FL 32720**

7. Name and Address of New Registered Agent

Name
Joseph Blankenbaker

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

719 Wright Ct.

City
Deland

FL

Zip Code
32720

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 **Joseph Blankenbaker**

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

(NOTE: Registered Agent signature required when reinstating)

2-13-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASSEY, GEORGE 721 WRIGHT CT DELAND FL 32720	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KLOPPENBERG, ROBERT 515 HEMMINGWAY CT DELAND FL 32720	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BLANKENBAKER, JOSEPH 719 WRIGHT CT DELAND FL 32720	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CUTTS, JUANITA 532 HEMINGWAY CT DELAND FL 32720	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALLIS, ELAINE 536 HEMINGWAY CT DELAND FL 32720	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JUANITA CUTTS 532 HEMINGWAY CT DELAND, FL 32720	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ELAINE CALLIS 536 HEMINGWAY CT DELAND, FL 32720	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Joseph Blankenbaker 719 WRIGHT CT DELAND, FL 32720	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Brenda Boone 726 WRIGHT CT DELAND, FL 32720	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert PENNY 539 HEMINGWAY CT DELAND, FL 32720	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/02)

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 another like empowered.

SIGNATURE: **Juanita Cutts** REQUIRED

2-13-03