

2002 UNIFORM BUSINESS REPORT (UBR)

\$61.25

0092723

DOCUMENT # N07886
1. Entity Name
OVEROAKS PHASE I OWNERS ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

02 MAR 27 AM 11:11

Principal Place of Business
4100 ENCHANTED OAKS CIRCLE
KISSIMMEE FL 34741
Mailing Address
10610 METRIC DR
STE 190
DALLAS TX 75243
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
1805 Royal Lane S#103
Suite, Apt. #, etc.
Dallas, Texas 75229
City & State

4. FEI Number 59-2509156
Applied For
Not Applicable

City & State

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KIDD, ANDREW E
4100 ENCHANTED OAKS CIRCLE
KISSIMMEE FL 34741

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

Table with 2 columns: OFFICERS AND DIRECTORS, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. Rows include Noble, R. Edward, Kidd, Andrew E, Hawley, Tim.

Table with 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. Includes handwritten signatures and numerical data.

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: Andrew E. Kidd Andrew E. Kidd 1-14-02 214-343-1452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # EXT. 102

CR2E037 (9/01)