

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90143 027 ****61.25



DOCUMENT # N08214
1. Entity Name
UNITED MOBILE HOME OWNERS OF OAKVIEW
ESTATES, INCORPORATED

Principal Place of Business
2552 N.E. TURNER AVE
LOT 80
ARCADIA, FL 34266 US

Mailing Address
2552 N.E. TURNER AVE
LOT 80
ARCADIA, FL 34266 US



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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

01042005 Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
COOK, ROBERTA M
2552 NE TURNER AVE #80
ARCADIA, FL 34266

7. Name and Address of New Registered Agent
Name BEA PIETSCHER
Street Address (P.O. Box Number is Not Acceptable) 2552 N.E. TURNER AVE. #92
City ARCADIA FL Zip Code 34266

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: Bea Pietscher
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005

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	P COLLINS, CHARLES 2552 NE TURNER AVE. #72 ARCADIA, FL 34266 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNAPP, GLENN 2552 NE TURNER AVE. LOT #54 ARCADIA, FL 34266 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOOD, HARRY 2552 NE TURNER AVE. LOT #90 ARCADIA, FL 34266 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COOK, ROBERTA 2552 NE TURNER AVE. #80 ARCADIA, FL 34266 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, ROBERT 2552 NE TURNER AVE. #15 ARCADIA, FL 34266 <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	P MARIAN COOPER 2552 N.E. TURNER AVE. #61 ARCADIA, FL. 34266 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T PIETSCHER, BEA 2552 N.E. TURNER AVE. #92 ARCADIA, FL. 34266 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Bea Pietscher Date April 8-2005 Daytime Phone # 1-863-993-1678