


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2006 8:00 am
Secretary of State

08-02-2006 90003 041 ****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 92
 ARCADIA, FL 34266 US

Mailing Address
 2552 N.E. TURNER AVE
 LOT 92
 ARCADIA, FL 34266 US

20051409



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

07242006 Chg-NP CR2E037 (4/06)

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

PIETSCHER, BEA
 2552 NE TURNER AVE #92
 ARCADIA, FL 34266

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by September 6, 2006

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	P	<input type="checkbox"/> Delete
NAME	COOPER, MARIAN	
STREET ADDRESS	2552 NE TURNER AVE, #61	
CITY-ST-ZIP	ARCADIA, FL 34266	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNAPP, GLENN	
STREET ADDRESS	2552 NE TURNER AVE. LOT #54	
CITY-ST-ZIP	ARCADIA, FL 34266	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLOOD, HARRY	
STREET ADDRESS	2552 NE TURNER AVE. LOT #90	
CITY-ST-ZIP	ARCADIA, FL 34266	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PIETCHER, BEA	
STREET ADDRESS	2552 NE TURNER AVE #92	
CITY-ST-ZIP	ARCADIA, FL 34266	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, ROBERT	
STREET ADDRESS	2552 NE TURNER AVE. #15	
CITY-ST-ZIP	ARCADIA, FL 34266	
TITLE		<input checked="" 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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES RIDLEY	
STREET ADDRESS	2552 N.E. TURNER AVE. #58	
CITY-ST-ZIP	ARCADIA, FL. 34266	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 BEA PIETSCHER Date 7-31-06 Daytime Phone # 863-993-1678