


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-09-2007 90003 019 ****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 34268 US		Mailing Address 2552 N.E. TURNER AVE LOT 92 ARCADIA FL 34268 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NO-T APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renaming)</small>					
FILE NOW: FEE IS \$81.25 Due By September 6, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COOPER, MARIAN		NAME		
STREET ADDRESS	2552 NE TURNER AVE, #61		STREET ADDRESS		
CITY - ST - ZIP	ARCADIA FL 34266		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KNAPP, GLENN		NAME		
STREET ADDRESS	2552 NE TURNER AVE. LOT #54		STREET ADDRESS		
CITY - ST - ZIP	ARCADIA FL 34266		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FLOOD, HARRY		NAME		
STREET ADDRESS	2552 NE TURNER AVE. LOT #90		STREET ADDRESS		
CITY - ST - ZIP	ARCADIA FL 34266		CITY - ST - ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PIETSCHER, BEA		NAME		
STREET ADDRESS	2552 NE TURNER AVE #92		STREET ADDRESS		
CITY - ST - ZIP	ARCADIA FL 34266		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HALL, ROBERT		NAME	D. ROBERT RIPPNER	
STREET ADDRESS	2552 NE TURNER AVE. #15		STREET ADDRESS	2552 NE TURNER AVE #74	
CITY - ST - ZIP	ARCADIA FL 34266		CITY - ST - ZIP	ARCADIA, FL. 34266	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <i>Bea Pietscher</i>			Date: <i>2-28-07</i> Daytime Phone #: <i>813-993-1678</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					