

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08214

FILED
Apr 16, 2009
Secretary of State

Entity Name: UNITED MOBILE HOME OWNERS OF OAKVIEW ESTATES, INCORPORATED

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

New Principal Place of Business:

2552 N.E. TURNER AVE
LOT 98
ARCADIA, FL 34266 US

New Mailing Address:

2552 N.E. TURNER AVE
LOT 98
ARCADIA, FL 34266 US

Name and Address of Current Registered Agent:

ULOTH, WILMA J
2552 N.E. TURNER AVE LOT 88
ARCADIA, FL 34266 US

Name and Address of New Registered Agent:

MCKINLEY, ORMAN
2552 NE TURNER AVE.
LOT 98
ARCADIA, FL 34266 US

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: ORMAN MCKINLEY

04/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCKINLEY, ORMAN
Address: 2552 NE TURNER AVE LOT 98
City-St-Zip: ARCADIA, FL 34266

Title: VP () Delete
Name: KNAPP, GLENN
Address: 2552 NE TURNER AVE. LOT #54
City-St-Zip: ARCADIA, FL 34266 US

Title: D () Delete
Name: FLOOD, HARRY
Address: 2552 NE TURNER AVE. LOT #90
City-St-Zip: ARCADIA, FL 34266

Title: ST (X) Delete
Name: ULOTH, WILMA J
Address: 2502 NE TURNER AVE LOT 88
City-St-Zip: ARCADIA, FL 34266

Title: D () Delete
Name: BALLERSTADT, LEN
Address: 2552 NE TURNER AVE LOT 18
City-St-Zip: ARCADIA, FL 34266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ORMAN MCKINLEY

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

Date