

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90448 024 \*\*\*\*61.25

**DOCUMENT # N08420**

1. Entity Name

**UNIVERSAL OAKS TOWNHOME OWNERS' ASSOCIATION, INC**



Principal Place of Business

**329 RACETRACK ROAD NW  
FORT WALTON BEACH FL 32547**

Mailing Address

**329 RACETRACK ROAD NW  
FORT WALTON BEACH FL 32547**

2. Principal Place of Business

**950-Donleen St.**

Suite, Apt. #, etc.

**5**

City & State

**Ft. Walton Beach, FL**

Zip

**32547**

Country

**Okaloosa**

3. Mailing Address

**Same as #2**

Suite, Apt. #, etc.

City & State

4. FEI Number **59-3032987**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SCHLATTER, DOUGLAS B.  
333 RACETRACK ROAD  
FORT WALTON BEACH FL 32548**

7. Name and Address of New Registered Agent

Name

**Sandra Oranje**

Street Address (P.O. Box Number is Not Acceptable)

**950-Donleen St. #5**

**Ft. Walton Beach,**

City

**FL**

Zip Code

**32547**

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 **Sandra Oranje**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/9/03**

**FILE NOW: FEE IS \$61.25**

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 **PD** ☒ Delete  
NAME **SCHLATTER, DOUGLAS B**  
STREET ADDRESS **329 RACETRACK RD., NW**  
CITY-ST-ZIP **FT WALTON BEACH FL**

TITLE **VD** ☒ Delete  
NAME **SCHLATTER, CAROLYN**  
STREET ADDRESS **756 TONESS WAY**  
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE **ST** ☒ Delete  
NAME **SCHLATTER, CAROLYN**  
STREET ADDRESS **756 TONESS WAY**  
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition  
NAME **Sandra Oranje**  
STREET ADDRESS **950-Donleen St. #5**  
CITY-ST-ZIP **Ft. Walton Beach, FL 32547**

TITLE **VD** ☒ Change ☐ Addition  
NAME **DANG OLSON**  
STREET ADDRESS **613 JAMES LEE RD**  
CITY-ST-ZIP **Ft. WALTON BEACH, FL 32547**

TITLE **ST** ☒ Change ☐ Addition  
NAME **BEN ANDERSON**  
STREET ADDRESS **569-L'Ombre Ln.**  
CITY-ST-ZIP **Ft. Walton Beach, FL 32547**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

CR2E037 (10/02)

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/9/03**