

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

007253

DOCUMENT # N13019

1. Entity Name

TREE LANE VILLAGE HOMEOWNERS INC.

03-28-2002 90154 017 ****61.25

Principal Place of Business %ELMER OKSIUTA 5743 BROADMORE ST ZEPHYRHILLS FL 33541 US	Mailing Address %OKSIUTA, ELMER 5743 BROADMORE ST ZEPHYRHILLS FL 33541 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2978386	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**OKSIUTA, ELMER
5743 BROADMORE ST
ZEPHYRHILLS FL 33541**

7. Name and Address of New Registered Agent

Name **OKSIUTA, BEULAH**
 Street Address (P.O. Box Number is Not Acceptable)
5743 BROADMORE ST
 City **ZEPHYRHILLS** **FL** Zip Code **33541**

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.

SIGNATURE *Beulah M Oksiota, BEULAH OKSIUTA* 3/18/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	SCHAUBEL, DEE
STREET ADDRESS	5802 EXCEL ST
CITY-ST-ZIP	ZEPHYRHILLS FL 33541
TITLE	VP <input type="checkbox"/> Delete
NAME	PEACOCK, MERLE
STREET ADDRESS	5820 EXCEL ST.
CITY-ST-ZIP	ZEPHYRHILLS FL 33541
TITLE	S <input type="checkbox"/> Delete
NAME	SEGORSKI, DORIS
STREET ADDRESS	5803 BROADMORE ST
CITY-ST-ZIP	ZEPHYRHILLS FL 33541
TITLE	T <input type="checkbox"/> Delete
NAME	OKSIUTA, ELMER
STREET ADDRESS	5743 BROADMORE ST
CITY-ST-ZIP	ZEPHYRHILLS FL
TITLE	D <input type="checkbox"/> Delete
NAME	ENGEL, HELEN
STREET ADDRESS	5740 BROADMORE ST
CITY-ST-ZIP	ZEPHYRHILLS FL
TITLE	D <input type="checkbox"/> Delete
NAME	LUCE, DOREEN
STREET ADDRESS	5731 FIRST STREET
CITY-ST-ZIP	ZEPHYRHILLS FL

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T OKSIUTA, BEULAH
STREET ADDRESS	5743 BROADMORE ST
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541
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	

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: *Beulah M Oksiota, BEULAH OKSIUTA* 3/18/02 813-782-5270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)