

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

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90029 043 ****61.25

00929642

DOCUMENT # N13019

1. Entity Name

TREE LANE VILLAGE HOMEOWNERS INC.



Principal Place of Business

**WELMER OKSIUTA
5743 BROADMORE ST
ZEPHYRHILLS FL 33541
US**

Mailing Address

**WOKSIUTA, ELMER
5743 BROADMORE ST
ZEPHYRHILLS FL 33541
US**

70045508



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

5742 EXCEL ST
Suite, Apt. #, etc.

3. Mailing Address

5742 EXCEL ST.
Suite, Apt. #, etc.

City & State

ZEPHYRHILLS FL

City & State

ZEPHYRHILLS, FL

4. FEI Number **59-2978386**

Applied For
 Not Applicable

Zip **33542**
Country **US**

Country **US**

Zip **33542**
Country **US**

Country **US**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **PATRICIA POTTLE**
Street Address (P.O. Box Number is Not Acceptable)
5742 EXCEL ST.
ZEPHYRHILLS **33542**
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 *Patricia Pottle*

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

(NOTE: Registered Agent signature required when reinstating)

04/18/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MERLE PEACOCK 5820 EXCEL ST. ZEPHYRHILLS, FL 33542	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT WILLIAM ONG 5745 BROADMORE ST. ZEPHYRHILLS, FL 33542	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY PEGGY MITCHELL 5818 BROADMORE ST. ZEPHYRHILLS, FL 33542	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER PATRICIA POTTLE 5742 EXCEL ST. ZEPHYRHILLS, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR HELEN ENGEL 5740 BROADMORE ST. ZEPHYRHILLS, FL 33542	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BEULAH OKSIUTA 5743 BROADMORE ST. ZEPHYRHILLS, FL 33542	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Patricia Pottle* **PATRICIA POTTLE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/03 (813) 782-1680

Date Daytime Phone #

CR2E037 (10/02)