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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

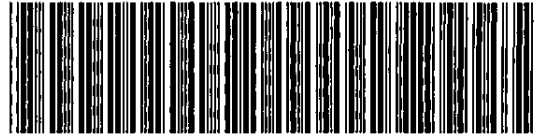
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CORPORATIONS

2544-

W14000002258

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## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** Oak Springs Homeowners Association, Inc  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

**FROM:** Oak Springs Homeowners Association  
Name (Printed or typed)

810 Wayne Ave  
Address

Altamonte Springs, FL 32701  
City, State & Zip

407-290-8997  
Daytime Telephone number

jsmikesell@gmail.com  
E-mail address: (to be used for future annual report notification)

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DEPT. OF STATE  
DIVISION OF CORPORATIONS  
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**NOTE: Please provide the original and one copy of the articles.**



RECEIVED

14 FEB 24 AM 11:03

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

February 7, 2014

OAK SPRINGS HOMEOWNERS ASSOCIATION  
810 WAYNE AVENUE  
ALTAMONTE SPRINGS, FL 32701

SUBJECT: OAK SPRINGS HOMEOWNERS ASSOCIATION, INC  
Ref. Number: W14000008258

We have received your document for OAK SPRINGS HOMEOWNERS ASSOCIATION, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The registered agent designated in your document is not an active entity according to our records. Please reinstate this entity call (850) 245-6059 for information) or designate another entity that is active according to our records.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 614A00002856

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S. (Not for Profit)

Oak Springs of Altamonte HOA, Inc  
Oak Springs Homeowners Association, Inc

**ARTICLE I NAME**

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

810 Wayne Ave

Mailing address, if different is:

Altamonte Springs, FL 32701

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The association does not intend to gain or profit from the members but to manage the association as to its bylaws, and provide for maintenance, preservation and architectural control of the residence lots, park and common areas. The association does hold the right to fix, levy, collect and enforce payment by any lawful means, all charges or assessments pursuant to the terms of the HOA agreement.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: By a 51% or more vote of the members of the association by votes cast or by proxy.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: George Painton/President

Name and Title:

Address: 786 Wayne Ave

Address:

Altamonte Springs, FL 32701

Name and Title: Nancy Larkin/Vice President

Name and Title:

Address: 793 Wayne Ave

Address:

Altamonte Springs, FL 32701

Name and Title: Sharon Stitely/Treasurer

Name and Title:

Address: 791 Wayne Ave

Address:

Altamonte Springs, FL 32701

Secretary

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STATE  
INCORPORATIONS

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 FEB 24 PM 3:20

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Reliable Tax Service LLC *Reliable Tax Service Orlando LLC*  
Address: 6500 W. Colonial Dr. Ste. B  
Orlando, FL 32818

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jeffrey Mikesell/Reliable Tax Service LLC *Reliable Tax Service Orlando LLC*  
Address: 6500 W. Colonial Dr. Ste. B  
Orlando, FL 32818

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

\_\_\_\_\_  
Required Signature of Registered Agent

1-14-14  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

\_\_\_\_\_  
Required Signature of Incorporator

1-14-14  
Date