

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90005 001 ****61.25

DOCUMENT # N20498

1. Entity Name

THE OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 353062
PALM COAST FL 32135P.O. BOX 353062
PALM COAST FL 32135-3062

A0019400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2864671

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

BELLAPIANTA, MARC

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

City

FL

Zip Code

BELLAPIANTA, MARC F
21 OLD KINGS RD N.
STE 209
PALM COAST FL 32137

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

MARC BELLAPIANTA, Lic. CAM

1-28-2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|-------|-------------------|--------------------|---------------------|-------------------------------------|--------------------------|
| PD | BRECKWOLDT, PETER | 7 LIVE OAK LANE | PALM COAST FL 32137 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| TD | CORUM, TOM | 9 LIVE OAK LANE | PALM COAST FL 32137 | <input type="checkbox"/> | <input type="checkbox"/> |
| SD | SHERIDAN, R CAROL | 5 LAUREL OAK PLACE | PALM COAST FL 32137 | <input type="checkbox"/> | <input type="checkbox"/> |
| VD | PRINCE, AUGUSTUS | 5 WATER OAK PL | PALM COAST FL 32137 | <input type="checkbox"/> | <input type="checkbox"/> |
| D | BIANCO, ROBERT | 3 LAUREL OAK PL | PALM COAST FL 32137 | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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: "Tom" CORUM 02/03/00 (904) 445-9282

CR2E037 (9/99)