

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23535

1. Entity Name

THE OAKS OF WEKIWA OWNERS ASSOCIATION, INC.

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90112 014 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 160115
32716-0115 SPRINGS FL 32703
US

P.O. BOX 160115
ALTAMONTE SPRINGS FL 32716-0115
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3060940

Applied For

Not Applicable

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

BRIGGLE, WILLIAM
498 ESTHER LANE
ALTAMONTE SPRINGS FL 32716

Name

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

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.

SIGNATURE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **FERLAND, CARL**
STREET ADDRESS **1013 PIEDMONT OAKS DR**
CITY-ST-ZIP **APOPKA FL 32703**

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

TITLE **D** ☐ Delete
NAME **CALIO, GHEUK**
STREET ADDRESS **1081 PIEDMONT OAKS DR**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **V. Pres** ☒ Change ☐ Addition
NAME **Calio, Helen**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **GUSLER, WILLIAM**
STREET ADDRESS **2101 WEKIWA OAKS DR**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **Pres** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Delete
NAME **DOUG, HEIGHTON**
STREET ADDRESS **2150 WEKIWA OAKS DRIVE**
CITY-ST-ZIP **APOPKA FL 3270**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Freis, Jerry**
STREET ADDRESS **2109 Wekiwa oaks dr.**
CITY-ST-ZIP **Apopka, FL 32703**

TITLE **S** ☐ Delete
NAME **DUHAIME, ROSS**
STREET ADDRESS **1098 PIEDMONT OAKS DR**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **Treasurer** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **HEARD, POLLY**
STREET ADDRESS **1057 PIEDMONT OAKS DR**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **director** ☒ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-02

Date

407-774-1874

Daytime Phone #

CR2E037 (9/01)