1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N26745 1. Corporation Name

## OAK SPRINGS HOMEOWNERS ASSOCIATION, INC.

## **FILED** Mar 03, 1999 8:00 am § Secretary of State

03-03-1999 90115 040 \*\*\*\*61.25

No. Way Address										
Principal Place of Business Mailing Address						]	1 (88)(18: 4/8 (1818 S)(1) (186)( 8)88( S	(() <b>3</b> ( <b>3</b> () <b>6</b> ( <b>3</b> )		PIANCALARI (ABI
12 HIGHLAND SORRENTO FL	32776	SORRENTO FL 32776	12 HIGHLAND SORRENTO FL 32776							
Comment of the serve					\$ 10001400 510 (TOTE O)			fil <b>810</b> 11 8181	i Efait Brait a	II DIN DIGIT IBBE
						- [		•		
Principal Place of Business     2a. Mailing Address						$\dashv$	3. Date Incorporated or Qualifed			
21	acc of Baomess	26	¬				06/02/1988			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					4. FEI Number		^	Applied For
22		27					-59-2904109			Not Applicable =
City & State	e	City & State					5. Certifcate of Status Desired			Additional Required
23	Country	Zip Country			$\dashv$	6 Floation Compaign Financing			•	
Zip	25	29	30	,,		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
24		Name and Address of Current Registered Agent		10. Name and Address of New Regi			gistered A	lgent		
				81	Name					
CRAWFORD, CAROL A. ATTY AT LAW				82	Street A	Address (P.O. Box Number is Not Acceptable)				
6320 MATCHETT ROAD				_	•					
ORLANDO FL 32809				83						
				84	City			FL	85 Zip	Code
44 - 5	. II	03 and 617 1509 Elected Statut	ac the a	1	a-named c	ornora	tion submits this statement for the D	irnose of	changing i	ts registered
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										
SIGNATURE Signature Need of pointed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register 12. OFFICERS AND DIRECTORS 1					t signature rec	quired wf	ADDITIONS/CHANGES TO OFFI		D DIRECT	ORS IN 12
TITLE	PD	OT FIGERO FIRE BIRLES FOR		LE		PD			Change     Ch	
NAME	ABELL, BILL	~	1.2 NA	ME		mil	LER DONALD D.		•	1
STREET ADDRESS			1.3 ST	1.3 STREET ADDRESS S		SF	LAGLER SI			
CITY-ST-ZIP	SORRENTO FL		1.4 CF	TY-ST		SORRENTO, FL.				
TITLE	SD	<b>◯</b> DELETE	2.1 TT	ΠE			/		(X) Change	e 🗍 Addition
NAME	STULL, DORIS		2.2 NA	ME	GR		BUS BERNEICE	10		
STREET ADDRESS	172 HILLSBOROUGH DR		2.3 ST	REET	TADDRESS 28		BUS BERNEICE 5, HILLSBORONGHI	<i>-</i> /<		ĺ
CITY-ST-ZIP -	SORRENTO FL	·			ST-ZIP		ERENTO-FL.		X Change	e Addition
TITLE	VPD	<b>⊠</b> DELETE	3.1 TT		-	VI	- UA PATRICIA		☑ change	• Clytoginou
NAME	SMYTH, VANOLA		3.2 NA			DU	EARLY IN AP.			
STREET ADDRESS	23 SEMINOLE STREET				ADDRESS	24	DKA PATRICIA FRANKLIN CR. RRENTO, FL.			
CITY-ST-ZIP	SORRENTO FL	☐ DELETE	3.4. C		51-∠IP				☐ Change	e Addition
TITLE	CHATH CHADIES	ے محدداد	4.1 H						_	·
NAME STREET ADDRESS	SMYTH, CHARLES 23 SEMINOLE STREET		ı		ADDRESS					
CITY-ST-ZIP	SORRENTO FL 32776		4.4 CI							
TITLE	D	☐ DELETE	5.1 TI	_					Change	e 🔲 Addition
NAME	CONCELMO, DON		5.2 N/	WE						
STREET ADDRESS	14 HIGHLAND AVE		5.3 ST	REET	TADDRESS					
CITY-ST-ZIP	SORRENTO FL		5.4 CI							
TITLE	P	DELETE	6.1 TT		Ţ	D.			<b>Change</b>	e 🔲 Addition
NAME	KEIFER, VIRGIL		6.2 N							
STREET ADDRESS	165 HILLSBOROUGH DR		6.3 ST	REET	TADDRESS					

SORRENTO FL CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #