

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90109 010 ****61.25

DOCUMENT # N26745

1. Entity Name

OAK SPRINGS HOMEOWNERS ASSOCIATION, INC.

80023041



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 12 HIGHLAND SORRENTO FL 32776
 Mailing Address: 12 HIGHLAND SORRENTO FL 32776-9620

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

4. FEI Number: 59-2904109
 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
CRAWFORD, CAROL A. ATTY AT LAW
6320 MATCHETT ROAD
ORLANDO FL 32809

7. Name and Address of New Registered Agent
 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: _____ (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 | |
|---|--|
| TITLE: PD NAME: MILLER, DONALD D STREET ADDRESS: 8 FLAGLER ST CITY-ST-ZIP: SORRENTO FL | <input checked="" type="checkbox"/> Delete |
| TITLE: SD NAME: BVERNEICE, GRIBUS STREET ADDRESS: 20 S. HILLSBOROUGH DR CITY-ST-ZIP: SORRENTO FL | <input type="checkbox"/> Delete |
| TITLE: VPD NAME: BUDKA, PATRICIA STREET ADDRESS: 24 FRANKLIN CR CITY-ST-ZIP: SORRENTO FL | <input type="checkbox"/> Delete |
| TITLE: T NAME: SMYTH, CHARLES STREET ADDRESS: 23 SEMINOLE STREET CITY-ST-ZIP: SORRENTO FL 32776 | <input type="checkbox"/> Delete |
| TITLE: D NAME: CONCELMO, DON STREET ADDRESS: 14 HIGHLAND AVE CITY-ST-ZIP: SORRENTO FL | <input checked="" type="checkbox"/> Delete |
| TITLE: P NAME: KEIFER, VIRGIL STREET ADDRESS: 165 HILLSBOROUGH DR CITY-ST-ZIP: SORRENTO FL | <input checked="" type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE: PD NAME: WILCOX FRANK STREET ADDRESS: 8 HILLSBOROUGH DR CITY-ST-ZIP: SORRENTO, FL 32776 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D NAME: SMYTH, NOLIE STREET ADDRESS: 23 SEMINOLE ST CITY-ST-ZIP: SORRENTO, FL 32776 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: DC NAME: BURLEIGH, BOB STREET ADDRESS: 6 FLAGLER ST CITY-ST-ZIP: SORRENTO, FL 32776 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: D NAME: HAGEN, RUTH STREET ADDRESS: 2 FLAGLER ST CITY-ST-ZIP: SORRENTO, FL 32776 | <input type="checkbox"/> Change <input checked="" 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: **FRANK WILCOX** DATE: 1-10-00 DAYTIME PHONE #: 352-735-4739
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)