2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31089

1. Entity Name

THE OAKS PRESERVE MANAGEMENT ASSOCIATION, INC.

THE OAKS THESERVE WARA	SEMENT ACCOUNTION, INC.	
Principal Place of Business	Mailing Address	
7120 S BENEVA RD SARASOTA FL 34238 US	7120 S BENEVA RD SARASOTA FL 34238 US	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

FILED Apr 19, 2001 8:00 am Secretary of State 04-19-2001 90066 030 ****61.25

SARASOTA FU US	VA RD L 34238		7120 S BENEVA RD Sarasota FL 34238 US			1 10 0 2 11 12	C00493		1 210 12 110 21 1 2	RH CHOC (18)	
2. Principal P	Place of Business		3. Mailing Address								
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SI	PACE		
City & State City & State				E7_000//7/		<u> </u>	oplied For ot Applicable				
Zip	(Country	Zip Country			5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name and	Address of Current F	Registered Agent	:		7. Name and	Address of New Re	gistered Ag	gent		
			_	Nam)						
				Stroo	t Addrosa (B O Boy Nuímbo	or in Not Accontable)				
PESHKIN,				3000	Street Address (P.O. Box Number is Not Acceptable)						
***	ENEVA RD								•		
SARASOT	TA FL 34238			City				FL	Zip Cod	ө	
8. The above	named entity sub	mits this statement for	the purpose of changing its r	egistered office	or register	ed agent, or bot	h, in the state of Florid	da.	•		
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SIGNATURE.		ed name of registered agent a	nd title if applicable (NOTE:	Registered Agent sig	nature required	when reinstation)		DATE			
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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: CIGNORE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR