

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 18, 2003 8:00 am**  
**Secretary of State**

08-18-2003 90166 017 \*\*\*\*61.25

**DOCUMENT # N32702**

1. Entity Name

**THE OAKS SUBDIVISION HOMEOWNERS ASSOCIATION, INC**



Principal Place of Business

C/O LEE DANDO  
101 RIVERVIEW TERR  
E PALATKA FL 32131

Mailing Address

C/O LEE DANDO  
101 RIVERVIEW TERR  
E. PALATKA FL 32131

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PICKENS, JOE H.**  
**113 N. 4TH STREET**  
**PALATKA FL 32077**

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. I am familiar with, and accept the obligations of registered agent.

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**  
**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **TAYLOR, LARRY**  
STREET ADDRESS **124 RIVERSEDGE DR**  
CITY-ST-ZIP **EAST PALATKA FL**

TITLE **STD** ☐ Delete  
NAME **DANDO, LEE**  
STREET ADDRESS **101 RIVERVIEW TERRACE**  
CITY-ST-ZIP **EAST PALATKA FL**

TITLE **D** ☒ Delete  
NAME **HUDSON, LUCY**  
STREET ADDRESS **RT 1 BOX 449-A**  
CITY-ST-ZIP **EAST PALATKA FL**

TITLE **D** ☒ Delete  
NAME **CARR, H.M.**  
STREET ADDRESS **107 WATER OAK CT**  
CITY-ST-ZIP **EAST PALATKA FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition  
NAME **DANA HAYNES**  
STREET ADDRESS **113 RIVERS EDGE DR.**  
CITY-ST-ZIP **E. PALATKA, FL 32131**

TITLE **D** ☐ Change ☒ Addition  
NAME **CHRISTOPHER KENNEDY**  
STREET ADDRESS **115 RIVERS EDGE DR.**  
CITY-ST-ZIP **E. PALATKA, FL 32131**

TITLE **D** ☐ Change ☒ Addition  
NAME **IZELLE MC CLOUD**  
STREET ADDRESS **110 WATER OAK CT.**  
CITY-ST-ZIP **E. PALATKA, FL 32131**

TITLE **D** ☐ Change ☒ Addition  
NAME **WALTER PARDELL**  
STREET ADDRESS **107 WATER OAK CT.**  
CITY-ST-ZIP **E. PALATKA, FL 32131**

TITLE **D** ☐ Change ☒ Addition  
NAME **GAYLE WHITE**  
STREET ADDRESS **117 RIVERS EDGE DR.**  
CITY-ST-ZIP **E. PALATKA, FL 32131**

TITLE ☐ 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** **LEE C. DANDO** 8-15-03 (386) 328-7053

CR2E037 (4/03)