

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90077 004 ****61.25

DOCUMENT # N33490

1. Entity Name

SOUTH OAKS HOMEOWNERS' ASSOCIATION OF MELBOURNE,

Principal Place of Business

Mailing Address

**4073 TWIN OAKS BLVD.
 MELBOURNE FL 32901**

**4073 TWIN OAKS BLVD.
 MELBOURNE FL 32901-8439**

A0029247



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2952558

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**MARTENS, HELEN
 1027 SOUTH FORK CIRCLE
 MELBOURNE FL 32901**

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	V	☐ Delete
NAME	REIS-EL BARA, HANK	
STREET ADDRESS	960 SOUTH FORK CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	SD	☐ Delete
NAME	ZEPP, STAN	
STREET ADDRESS	955 SOUTH FORK CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	☐ Delete
NAME	PETRAK, PAUL	
STREET ADDRESS	1080 SOUTH FORK CIRCLE	
CITY-ST-ZIP	MELBORUNE FL	
TITLE	PD	☐ Delete
NAME	MARTENS, HELEN	
STREET ADDRESS	1027 SOUTH FORK CIRCLE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	TD	☒ Delete
NAME	SAMWAYS, JUDY	
STREET ADDRESS	913 SOUTH FORK CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	☐ Delete
NAME	PARASCANDOLA, SAL	
STREET ADDRESS	989 S FORK CIR	
CITY-ST-ZIP	MELBOURNE FL 32901	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☐ Change ☒ Addition
NAME	Clyff Haynes	
STREET ADDRESS	935 South Fork Circle	
CITY-ST-ZIP	Melbourne, FL 32901	
TITLE	D	☐ Change ☒ Addition
NAME	John Ferguson	
STREET ADDRESS	4130 TWIN OAKS BLVD	
CITY-ST-ZIP	Melbourne, FL 32901	
TITLE	TD	☐ Change ☒ Addition
NAME	Bill Ramshaw	
STREET ADDRESS	980 South Fork Circle	
CITY-ST-ZIP	Melbourne, FL 32901	
TITLE	D	☐ Change ☒ Addition
NAME	Frank Cristoforo	
STREET ADDRESS	964 South Fork Circle	
CITY-ST-ZIP	Melbourne, FL 32901	

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:

Helen A. Martens, Esq.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/8/00

CR2E037 (9/99)