

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90064 047 ****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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2952558

Applied For

Not Applicable

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

MARTENS, HELEN
1027 SOUTH FORK CIRCLE
MELBOURNE FL 32901

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

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 **TD** ☐ Change ☒ Addition
NAME **Phillips, Keith**
STREET ADDRESS **1092 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 **SD** ☐ Change ☒ Addition
NAME **VACALOPoulos, Paris**
STREET ADDRESS **977 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 **D** ☐ Change ☒ Addition
NAME **Cristadoro, Frank**
STREET ADDRESS **964 South Fork Circle**
CITY-ST-ZIP **Melbourne, FL 32901**

TITLE **PD** ☐ Delete
NAME **MARTENS, HELEN**
STREET ADDRESS **1027 SOUTH FORK CIRCLE**
CITY-ST-ZIP **MELBOURNE FL**

TITLE **D** ☐ Change ☒ Addition
NAME **ALEXander, Denzel**
STREET ADDRESS **4125 Green Oak Dr**
CITY-ST-ZIP **Melbourne, FL 32901**

TITLE **D** ☒ Delete
NAME **HAYNES, CLIFF**
STREET ADDRESS **935 S FOX CIRCLE**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **D** ☐ Change ☒ Addition
NAME **Coutsouras, John**
STREET ADDRESS **4069 Green Oak Dr.**
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

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 C. Martens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HELEN C. MARTENS 3/28/01

Date

Daytime Phone #

CR2E037 (10/00)