2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # N36239** Jul 19, 2000 8:00 am Secretary of State 1. Entity Name OXFORD COVE HOMEOWNERS' ASSOCIATION, INC. 07-19-2000 90005 017 \*\*\*\*61.25 Principal Place of Business Mailing Address C/O DAVID FONG C/O DAVID FONG 3942 COOL WATER COURT 3942 COOL WATER COURT WINTER PARK FL 32792 WINTER PARK FL 32792 3. Mailing Address 2. Principal Place of Business <u>390</u> SCEB  $C^{2}C$ Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 390 City & State City & State Applied For 4. FEI Number 59-2988227 Not Applicable Ζiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) FONG, DAVID 3942 COOL WATER COURT WINTER PARK FL 32792 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 NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. After September 13, 2000 min. will be \$236.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change Delete ☐ Addition TITLE TITLE WILLIAMS, TED R. NAME NAME STREET ADDRESS 3949 COOL WATER CT. STREET ADDRESS , EL. 32792 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL D۷ TITI F Delete cretor Change Addition SHEN, BENJAMIN NAME NAME 3918 COOL WATER COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **WINTER PARK FL 32792** D۷ **Change** ☐ Addition TITLE Delete TITLE reasurer FONG, DAVID NAME NAME STREET ADDRESS 3942 COOL WATER COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change □ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Derete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR