2000 UNIFORM BUSINESS REPORT (UBR)  $h_{x,y}$ **DOCUMENT-# N42973** May 01, 2000 8:00 am Secretary of State 1. Entity Name OAK POND HOMEOWNERS ASSOCIATION, INC. 05-01-2000 90001 036 \*\*\*\*61.25 Principal Place of Business Mailing Address 1399 S DOVE LOOP 1399 S XOVE LOOP INVERNESS FL 34450 INVERMESS FL 34450-5266 いをひひひひと 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Cite & State Sity & State 4. FEI Number Applied For 59-3052082 10fness Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 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) WHITCOMB, RAYMOND 1399 S DOVE LOOP INVERNESS FL 34450 City 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 Fiorida Make Check Payable to Department of Cale 河南河口 图的 FILE NOW: 9. Election Campaign Financing Make Check Payable to
Department of State **\$5.00** May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Change ☐ Delete TITLE ☐ Addition WHITCOMB, RAYMOND F NAME NAME Whitcomb, Raymond F 399 5 Dovie STREET ADDRESS 1399 DOVE LOOP STREET ADDRESS CITI: ST-ZIP INVERNESS FL 34450 CITY-ST-ZIP ITILE D Delete TITLE ☐ Addition CARLSON, CHESTER NAME -----8570 E YELLOW LEG CT STREET ADDRESS ST ZIP CITY-ST-ZIP INVERNESS FL Delete TITLE Change ☐ Addition HELDER, GERALD Heider, Gerald 1375 5 Dovie Terr NAME 1375 S DOVEKIE TERR STREET ADDRESS ST ZIP CITY-ST-ZIP INVERNESS FL Inverness F134450 ĎΡ D-S Delete Addition TITLE Change Ackerman Harold 13225StarlingDR Inverses, FP34450 CHASE, WARREN NAME 1389 S PURPLE MARTIN TERR STREET ADDRESS ST-ZIP INVERNESS FL 34450 CITY-ST-7IP Addition Delete 🔀 TITLE Change PERONE, RALPH NAME izso s starting DR 1360 S STARLING DR STREET ADDRESS ST-ZIP INVERNESS FL 34450 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition HAYNES, ELIZABETH N NAME 8642 E SORA CT STREET ADDRESS ST ZIP inverness fl CITY-ST-ZIP 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. 4月(26)11月(1) #GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR