

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001254

1. Entity Name

OAKS AT WINDEMERE HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Sep 30, 2002 8:00 am**  
**Secretary of State**

09-30-2002 90179 042 \*\*\*\*61.25

Principal Place of Business

Mailing Address

18132 SWAN LAKE DRIVE  
 LUTZ FL 33549

P.O. BOX 1014  
 LUTZ FL 33549

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

NOT APPLICABLE

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

BALDWIN, RANDY  
 18130 SWAN LAKE DRIVE  
 LUTZ FL 33549

Name *PAT WILLIAMS*

Street Address (P.O. Box Number is Not Acceptable)  
*1807 SWAN LAKE Drive*

City *Lutz*

FL

Zip Code *33549*

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)

*9/25/02*  
 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 ☒ Delete  
 NAME *BALDWIN, RANDY*  
 STREET ADDRESS *18130 SWAN LAKE DRIVE*  
 CITY-ST-ZIP *LUTZ FL 33549*

TITLE ☐ Change ☒ Addition  
 NAME *LADON BIASON*  
 STREET ADDRESS *18104 SWAN LAKE DR*  
 CITY-ST-ZIP *Lutz, FL 33549*

TITLE ☒ Delete  
 NAME *AKER, PAT*  
 STREET ADDRESS *18112 SWAN LAKE DRIVE*  
 CITY-ST-ZIP *LUTZ FL 33549*

TITLE ☐ Change ☒ Addition  
 NAME *Nicole Brioni*  
 STREET ADDRESS *18103 SWAN LAKE DRIVE*  
 CITY-ST-ZIP *Lutz, FL 33549*

TITLE ☒ Delete  
 NAME *KIRBY, KEVIN*  
 STREET ADDRESS *18132 SWAN LAKE DR*  
 CITY-ST-ZIP *LUTZ FL 33549*

TITLE ☐ Change ☒ Addition  
 NAME *PAT WILLIAMS*  
 STREET ADDRESS *18107 SWAN LAKE DRIVE*  
 CITY-ST-ZIP *Lutz, FL 33549*

TITLE ☒ Delete  
 NAME *FREY, MARIANA*  
 STREET ADDRESS *18135 SWAN LAKE DR*  
 CITY-ST-ZIP *LUTZ FL 33549*

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*9/25/02 813-948-9450*

Date

Daytime Phone #

CR2E037 (9/01)