

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N93000004162**

1. Entity Name

OLDFIELD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**6130 CANOPY OAK CT
NEW PORT RICHEY FL 34653**

Mailing Address

**6130 CANOPY OAK CT
NEW PORT RICHEY FL 34653**

2. Principal Place of Business

NA

Suite, Apt. #, etc.

3. Mailing Address

NA

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

**TAYLOR, WILLIAM F
6130 CANOPY OAKS CT
NEW PORT RICHEY FL 34653**

Name

NA

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

NA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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	PD	<input type="checkbox"/> Delete
NAME	TAYLOR, WILLIAM F	
STREET ADDRESS	6130 CANOPY OAKS CT	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	EMERSON, STEVE	
STREET ADDRESS	6113 CANOPY OAKS CT	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TST	<input type="checkbox"/> Delete
NAME	TAYLOR, WILLIAM F	
STREET ADDRESS	6130 CANOPY OAKS COURT	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

WILLIAM F. TAYLOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/27/02 1278445450

Daytime Phone #

FILED
Jul 08, 2002 8:00 am
Secretary of State

07-08-2002 90232 049 ****61.25

00167106



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)