

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003465

1. Entity Name

OAKLEIGH POINTE UNIT TWO HOMEOWNERS' ASSOCIATION, INC.

FILED  
May 28, 2002 8:00 am  
Secretary of State

05-28-2002 91726 050 \*\*\*61.25

Principal Place of Business

Mailing Address

ASSOCIATION MGMT OF PONTE VEDRA INC  
3103 SAWGRASS VILLAGE CIRCLE  
PONTE VEDRA BEACH FL 32082  
US

ASSOCIATION MGMT OF PONTE VEDRA INC  
3103 SAWGRASS VILLAGE CIRCLE  
PONTE VEDRA BEACH FL 32082  
US

BULZU102



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6028 CHESTER AVE.

P.O. Box 57911

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#202

City & State  
JACKSONVILLE, FL

City & State  
JACKSONVILLE, FL

4. FEI Number  
59-3293439

Applied For  
Not Applicable

Zip Country  
32217 USA

Zip Country  
32241 USA

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

CONNOLLY, C-P  
ASSOCIATION MGMT OF PONTE VEDRA INC  
3103 SAWGRASS VILLAGE CIRCLE  
PONTE VEDRA BEACH FL 32082

Name  
PATRIC R. PENN  
Street Address (P.O. Box Number is Not Acceptable)  
6028 CHESTER AVE #202  
City JACKSONVILLE FL Zip Code 32217

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 NAME STREET ADDRESS CITY-ST-ZIP	DST MOLYNEAUX, JOHN 8081 PHILIPS HWY STE 14 JACKSONVILLE FL 32256	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BRANTOLD, VICKIE 8081 PHILIPS HWY STE 14 JACKSONVILLE FL 32256	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COLTON, RALPH 8081 PHILIPS HWY STE 14 JACKSONVILLE FL 32256	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, DARNELL 11768 CHERRY BARK DR E. JACKSONVILLE, FL 32218	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JACKSON, MICHAEL 721 CHESTNUT OAKS DR N. JACKSONVILLE, FL 32218	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARNHART, GEORGIA 717 CHESTNUT OAKS DR N. JACKSONVILLE, FL 32218	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, AARON 11784 CHERRY BARK DR E. JACKSONVILLE, FL 32218	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4/16/02 804-260-9183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)