2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9400003465

1. Entity Name

OAKLEIGH POINTE UNIT TWO HOMEOWNERS' ASSOCIATION



FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90924 018 ****61.25

, INC.						A SE WE I SE	7					
Principal Place of Business 6028 CHESTER AVE #202 JACKSONVILLE FL 32217 US			Mailing Address P.O BOX 57911 JACKSONVILLE FL 32241 US					81)) 819) 819) 88)) GI	18/// 19/4	1 HHH 1 411 1	NO CHA LOC	
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				7	CHECK HERE IF MAKING CHANGES				
City & State			City & State			_	4. FEI Number 5	4. FEI Number 59-3293439			pplied For ot Applicable	7
Zip Country			Zir	Zip Co		untry	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6 Name	and Address of Current	Registers	nd Agent	٠	r	7. Name and Add	dress of New Regist				┨
	-	** - * * * * * *	Tiogration c		= - 5	Name		-		·	,	1
PENN, PATRIC R						Street Address (P.O. Box Number is Not Acceptable)						┧
	ESTER AVE NVILLE FL 3											$\left\{ \right.$
						City	v. v. v.		FL	Zip Cod	e	{
	named entity ions of regist	submits this statement for ered agent.	r the purp	ose of changing its	register	ed office or regis	tered agent, or both, in	the State of Florida.	I am fa	miliar with,	and accept	1
SIGNATURE .		(Merchania)										
	Signature, typed	or printed name to registered agent	and title if app	licable. (NOT	E: Registere	ad Agent signature requ	ired when reinstating)		DATE	_		
FILE NOW: FEE IS \$61,25				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	Make (Florida D		Payable nent of		
10.	·	OFFICERS AND DIE	PECTORS		11.		ADDITIONS/CHANG	ES TO OFFICERS A	ND QIBI	CTORS IN	10	┨
TITLE >	PD			□ Delete			ADDITIONS/CHAINC	ES TO OFFICERS A		Change	☐ Addition	16
NAME I		RNELL ?		□ Detete	TITL					□ cliange	☐ Mudition	{
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NAME JACKSON, MICHAEL STREET ADDRESS 721 CHESTNUT OAKS DR. N						EET ADDRESS						{
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NAME	JACKSON,	, aaron			NAM	Æ [-	1
STREET ADDRESS	11784 CH	ERRY BARK DR E			STR	EET ADDRESS						ļ
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Increase certain 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 peoprt 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 extremely supplementation of the receiver of the receive

SIGNATURE:

904-260-9183