

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000188

1. Entity Name

OAKCREST HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90082 033 ****61.25

Principal Place of Business	Mailing Address
P.O. BOX 520604 LONGWOOD FL 32750	P.O. BOX 520604 LONGWOOD FL 32752-0604



DO NOT WRITE IN THIS SPACE

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	Applied For
59-3308170	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SIMSER, THOMAS A
 390 N. ORANGE AVE., SUITE 1490
 ORLANDO FL 32802-1391

7. Name and Address of New Registered Agent

Name: JOHN HILTON
 Street Address (P.O. Box Number is Not Acceptable): C/O: OAK CREST HOMEOWNERS
 1391 SHADY KNOLL COURT
 City: LONGWOOD FL Zip Code: 32750

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: John Hilton JOHN HILTON - TREASURER 4-20-2000
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TIMBEL, SUSAN D P.O. BOX 520604 N/A LONGWOOD FL 32750 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCNEIL, BRIAN P.O. BOX 520604 N/A LONGWOOD FL 32750 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TINDEL, SUSAN D P.O. BOX 520604 N/A LONGWOOD FL 32750 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ASHTON, JAMES P P.O. BOX 520604 N/A LONGWOOD FL 32750 <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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHN HILTON PO BOX 520604 N/A LONGWOOD, FL 32750 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JENNY HADDAD PO BOX 520604 N/A LONGWOOD, FL 32750 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ED POPPER PO BOX 520604 LONGWOOD, FL 32750 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NONE <input type="checkbox"/> Change <input 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: John Hilton JOHN HILTON - TREASURER 4-20-2000 (407) 265-2226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)