

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000000188**

1. Entity Name

OAKCREST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 520604
LONGWOOD FL 32750P.O. BOX 520604
LONGWOOD FL 32750

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

59-3308170

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

HILTON, JOHN
C/O OAK CREST HOMEOWNERS
1391 SHADY KNOLL COURT
LONGWOOD FL 32750Name **CRYSTAL HOWARD**

Street Address (P.O. Box Number is Not Acceptable)

C/O OAK CREST HOMEOWNERS**1350 SHADY KNOLL CT.**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

CRYSTAL HOWARD - TREASURER**4/19/2001**

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	TD	<input checked="" type="checkbox"/> Delete
NAME	HILTON, JOHN	
STREET ADDRESS	P.O. BOX 520604	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HADDAD, JENNY	
STREET ADDRESS	P.O. BOX 520604	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	POPPER, ED	
STREET ADDRESS	P.O. BOX 520604	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRYSTAL HOWARD	
STREET ADDRESS	PO BOX 520604 N/A	
CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIM PORTAK	
STREET ADDRESS	P.O. BOX 520604 N/A	
CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAN DRAGOO	
STREET ADDRESS	P.O. BOX 520604	
CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

CRYSTAL HOWARD - TREASURER 4/19/2001 831-6965**FILED**
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90102 027 ****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)