

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

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90179 007 ****61.25

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DOCUMENT # N95000000188

1. Entity Name

OAKCREST HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 520604
LONGWOOD FL 32750

Mailing Address

P.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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

TINDELL, MIKE
1362 SHADY KNOLL CT.
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name Kathy Burgett
Street Address (P.O. Box Number is Not Acceptable)
c/o Oak Crest Homeowners Association
1310 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Kathy Burgett Kathy Burgett - Treasurer 4-20-2003
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
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	TINDEL, MIKE	
STREET ADDRESS	P.O. BOX 520604	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MCEWEN, MEG	
STREET ADDRESS	P.O. BOX 520604	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	LAGGNER, BROOKE	
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		

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathy Burgett	
STREET ADDRESS	P.O. Box 520604 N/A	
CITY-ST-ZIP	Longwood FL 32750	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jennifer Cohen	
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	Debra Music	
STREET ADDRESS	P.O. Box 520604 N/A	
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)(l), 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: Kathy Burgett Kathy Burgett Treasurer 4-20-2003 407 332 8992
Signature and typed or printed name of signing officer or director Date

CR2E037 (10/02)