

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

02-21-2001 90005 042 ****61.25

DOCUMENT # N95000001406

1. Entity Name

OAKLEY HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

6458 GRIFFIN BLVD SW
FORT MYERS FL 33908
US

Mailing Address

6458 GRIFFIN BLVD SW
FORT MYERS FL 33908
US

2. Principal Place of Business

7419 39th Court E
Suite, Apt. #, etc.

3. Mailing Address

7419 39th Court E
Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

65-0658882

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASSILLY, J. DAVID
6458 GRIFFIN BLVD SW
FORT MYERS FL 33908

7. Name and Address of New Registered Agent

Name: CARLOS BERUFF
Street Address (P.O. Box Number is Not Acceptable): 7419 39th Ct East
City: SARASOTA, FL Zip Code: 34243

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 reissuing)

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	D	Delete <input checked="" type="checkbox"/>
NAME	SIMONS, BERNICE	
STREET ADDRESS	P O BOX 241	
CITY-ST-ZIP	ELLENTON FL 34222	
TITLE	DPT	Delete <input checked="" type="checkbox"/>
NAME	CASSILLY, J. DAVID	
STREET ADDRESS	6458 GRIFFIN BLVD SW	
CITY-ST-ZIP	FT-MYERS FL	
TITLE	DVPS	Delete <input checked="" type="checkbox"/>
NAME	CASSILLY, LYNN F	
STREET ADDRESS	6458 GRIFFIN BLVD SW	
CITY-ST-ZIP	FT MYERS FL	
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
NAME	PRESIDENT CARLOS BERUFF		
STREET ADDRESS	7419 39th COURT EAST		
CITY-ST-ZIP	SARASOTA, FL 34243		
TITLE	D	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
NAME	Carol Mouse		
STREET ADDRESS	7419 39th COURT EAST		
CITY-ST-ZIP	SARASOTA, FL 34243		
TITLE	D	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
NAME	DONNA W. ACHTLER		
STREET ADDRESS	7419 39th COURT EAST		
CITY-ST-ZIP	SARASOTA, FL 34243		
TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
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: X

~~SIGNATURE REQUIRED~~ Prcs.

2/14/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)