

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90225 048 ****70.00

DOCUMENT # N95000003090

1. Entity Name

THE OAKS AT BUSCH HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

8713 BUSCH OAKS ST.
TAMPA FL 33617
US

Mailing Address

P.O. BOX 291194
TAMPA FL 33617
US



2. Principal Place of Business

8718 BUSCH OAK ST.

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 291194

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/04)

City & State

TAMPA, FL

City & State

TEMPLE TERRACE, FL

4. FEI Number

59-3327675

Applied For

Not Applicable

Zip

33617

Country

HILLSBOROUGH

Zip

33617

Country

HILLSBOROUGH

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

DOBY, BILLIE
8713 BUSCH OAKS ST
TAMPA FL 33617

7. Name and Address of New Registered Agent

Name DOBY, BILLIE

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

30512 LANEBOROUGH circle

City Wesley chapel

FL

Zip Code

33543

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

Billie D. Doby

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/20/2005

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2005

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

TITLE	DC	<input type="checkbox"/> Delete
NAME	SNOW, OE	
STREET ADDRESS	8717 BUSCH OAKS ST	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BABOOLALL, DEBRA	
STREET ADDRESS	8718 BUSCH OAKS ST	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	PHILGENCE, MARSH	
STREET ADDRESS	8713 BUSCH OAK ST.	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	MT	<input checked="" type="checkbox"/> Delete
NAME	DOBY, BILLIE	
STREET ADDRESS	8173 BUSCH OAKS	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	DT	<input type="checkbox"/> Delete
NAME	POLITE, JOANNE	
STREET ADDRESS	8701 BUSCH OAK ST.	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BARNES, DEBORAH	
STREET ADDRESS	8746 BUSCH OAK ST.	
CITY-ST-ZIP	TAMPA FL 33617	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLAUDIA PARKER	
STREET ADDRESS	8713 BUSCH OAK ST.	
CITY-ST-ZIP	TAMPA, FL 33617	
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:

Debra Baboolall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/2005 813-988-0644

Date

Daytime Phone #