

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 90007 024 ****61.25

DOCUMENT # N97000000138

1. Entity Name

COURTLEA OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**327 COURTLEA OAKS BLVD
 WINTER GARDEN FL 34787**

Mailing Address

**P.O. BOX 771547
 WINTER GARDEN FL 34777-1547**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

444 W. NEW ENGLAND AVE

Suite, Apt. #, etc.

SUITE B

3. Mailing Address

444 W. NEW ENGLAND AVE

Suite, Apt. #, etc.

SUITE B

City & State

WINTER PARK, FL

City & State

WINTER PARK, FL 32789

4. FEI Number

59-3576017

Applied For

Not Applicable

Zip

FL 32789

Country

USA

Zip

32789

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BRADFORD, M. WADE
 323 COURTLEA OAKS BLVD
 WINTER GARDEN FL 34787**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 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	<input type="checkbox"/> Delete
D	BRADFORD, M W	111 MERICAM CT	WINTER GARDEN FL 34777	<input type="checkbox"/>
D	BRADFORD, JANICE M	111 MERICAM CT	WINTER GARDEN FL 34777	<input checked="" type="checkbox"/>
D	MILLER, JACQUELINE	762 OVERSPIN AVE	WINTER PARK FL 32789	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
	PD MITCH MARTIN	466 FOREST HAVEN DR.	WINTER GARDEN, FL 34787	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	GREGORY COOTS	451 SPANISH WELLS CT	WINTER GARDEN, FL 34787	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	BILL MEYER	386 FOREST HAVEN DR	WINTER GARDEN, FL 34787	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	ROY SERRAS	460 FOREST HAVEN DR	WINTER GARDEN, FL 34787	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/01 407-656-6397

Date

Daytime Phone #

CR2E037 (10/00)