2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2000 8:00 am
Secretary of State
04-05-2000 90092 005 ****61.25

DOCUMENT # N98000001030

1. Entity Name

OAK PARK OF WINTER GARDEN HOMEOWNERS ASSOCIATION

Principal Place of Business	Mailing Address
308 S DILLARD STREET WINTER GARDEN FL 34787	P O BOX 770779 WINTER GARDEN FL 34777-0779

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 770105 Suite, Apt. #, etc.
City & State	City & State: Winter Garden FL
Zip / Country	Zip: 34777-0105 / Country: USA

4. FEI Number: 59-3510625 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, FRANCES
308 S DILLARD STREET
WINTER GARDEN FL 34787

7. Name and Address of New Registered Agent

Name: Joseph Nunes
Street Address (P.O. Box Number is Not Acceptable): 647 Stevelynn Cir
City: Winter Garden FL Zip Code: 34787

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: Joseph M Nunes Jr — Joseph M Nunes Jr — 27MAR00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WIGGINTON, DONALD 200 MELJANE DR WINTER GARDEN FL 34787	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LESLIE Heller 218 CLACYN CT Winter Garden FL 34787	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SMITH, FRANCES 308 S DILLARD STREET WINTER GARDEN FL 34787	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Joseph NUNES 647 STEVELYNN CIR Winter Garden FL 34787	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD NUNES, JOSEPH 647 STEVELYNN CIR WINTER GARDEN FL 34787	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Carmen Cancel 628 Stevelynn Cir Winter Garden FL 34787	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Donald Wiggirton 200 MELJANE DR Winter Garden FL 34787	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Sharon LamBert 749 Stevelynn Cir Winter Garden FL 34787	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EDWARD AMBROSE 207 CLACYN COURT WINTER GARDEN FL 34787	☐ Change ☒ Addition

CR2E037 (9/99)

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: Leslie Heller RECEIVED Heller — 3-27-00 — (407) 654-6370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #