

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State
 02-08-2001 90055 044 ****61.25

DOCUMENT # N98000001030

1. Entity Name

OAK PARK OF WINTER GARDEN HOMEOWNERS ASSOCIATION

Principal Place of Business

**308 S DILLARD STREET
 WINTER GARDEN FL 34787**

Mailing Address

**P O BOX 770105
 WINTER GARDEN FL 34777-0105
 US**

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

59-3510625

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUNES, JOSEPH
 647 STEVELYNN CIR
 WINTER GARDEN FL 34787**

Name

Nunes, Joseph

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 HELLER, LESLIE
 218 CLACYN CT
 WINTER GARDEN FL 34787** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
HELLER, LESLEE ☒ Change ☐ Addition
 (correct spelling of first name)

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**STD
 NUNES, JOSEPH
 647 STEVELYNN CIR
 WINTER GARDEN FL 34787** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VD
 CANCEL, CARMEN
 628 STEVELYNN CIR
 WINTER GARDEN FL 34787** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VD
 PERKETT, JANET
 653 STEVELYNN CIRCLE
 WINTER GARDEN FL 34787** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 WIGGINTON, DONALD
 200 MELJANE DR
 WINTER GARDEN FL 34787** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 LAMBERT, SHARON
 749 STEVELYNN CIR
 WINTER GARDEN FL 34787** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 AMBROSE, EDWARD
 207 CLACYN CT
 WINTER GARDEN FL 34787** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
AMBRO, EDWARD ☒ Change ☐ Addition
 (correct spelling of last name)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/07/01

(407) 654-9634

Date

Daytime Phone

CR2E037 (10/00)

32714