

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000379

1. Entity Name

LAUREL OAK PARK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3711 CORTEZ ROAD WEST  
BRADENTON FL 34210

3711 CORTEZ ROAD WEST  
BRADENTON FL 34210

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

65-0888843

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

OLSON, ANN M  
3711 CORTEZ ROAD WEST  
BRADENTON FL 34210

Name *Priscilla G Heim*  
Street Address (P.O. Box Number is Not Acceptable)  
*3711 Cortez Rd W*

City *Bradenton*

FL

Zip Code *34210*

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

*Priscilla G Heim*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*April 1, 2002*

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 *VPD* ☐ Delete  
NAME *BYRNES, KAREN*  
STREET ADDRESS *3711 CORTEZ ROAD WEST*  
CITY-ST-ZIP *BRADENTON FL 34210*

TITLE *DIP* ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE *D* ☒ Delete  
NAME *OLSON, ANN M*  
STREET ADDRESS *3711 CORTEZ ROAD WEST*  
CITY-ST-ZIP *BRADENTON FL 34210*

TITLE *D* ☐ Change ☒ Addition  
NAME *Priscilla G Heim*  
STREET ADDRESS *3711 Cortez Rd W*  
CITY-ST-ZIP *Bradenton FL 34210*

TITLE *STD* ☐ Delete  
NAME *NEAL, PATRICK K*  
STREET ADDRESS *3711 CORTEZ ROAD W*  
CITY-ST-ZIP *BRADENTON FL 34210*

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

*4/12/02 941/328-1039*

Date

Daytime Phone #

CR2E037 (9/01)