2001 UNIFORM BUSINESS REPORT (UBR)

Mar 07, 2001 8:00 am Secretary of State **DOCUMENT # 753562** 1. Entity Name 03-07-2001 90622 043 ****61.25 OAK CREEK AT COUNTRYSIDE PROPERTY OWNERS' ASSOCI Principal Place of Business Mailing Address 3029 TANGLEWOOD DR. 3029 TANGLEWOOD DR. CLEARWATER FL 33761-1427 **CLEARWATER FL 33761-1427** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2019094 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) **BLUMENTHAL, JERRI** 3029 TANGLEWOOD DR. CLEARWATER FL 33761-1427 Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS Change TITLE TITLE ☐ Addition PD ☐ Delete NAME NAME SZE, MARSHA STREET ADDRESS STREET ADDRESS 3082 TANGLEWOOD DR. CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33761-1426 TITLE ☐ Delete TITI F Change | ☐ Addition NAME NAME MICHAELS, MARGARET STREET ADDRESS STREET ADDRESS 3056 OAK CREEK DRIVE NORTH CITY-ST-ZIP CiTY-ST-ZIP CLEARWATER FL 33761-1430 TITLE Delete TITLE _ Change ☐ Addition NAME **BLUMENTHAL, JERRI** STREET ADDRESS STREET ADDRESS 3029 TANGLEWOOD DR. CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33761-1427** ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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

March 1, 2001 SIGNATURE:

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Daytime Phone #