


**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N0000003068			1. Entity Name <b>OAK BLUFF OF DAYTONA HOMEOWNERS ASSOCIATION, INC.</b>		<b>11042022</b>
Principal Place of Business 735 N ATLANTIC AVE DAYTONA BEACH, FL 32118			Mailing Address 735 N ATLANTIC AVE DAYTONA BEACH, FL 32118		
2. Principal Place of Business <b>1037 NORTH HALIFAX</b>		3. Mailing Address <b>1037 NORTH HALIFAX</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>ORMOND BEACH, FL</b>		City & State <b>ORMOND BEACH, FL</b>		4. FEI Number <b>59-3699388</b>	
Zip <b>32176</b>		Zip <b>32176</b>		Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BUCKLEY, DENNIS 735 N ATLANTIC AVE DAYTONA BEACH, FL 32118</b>			7. Name and Address of New Registered Agent Name <b>DENNIS BUCKLEY</b> Street Address (P.O. Box Number is Not Acceptable) <b>1037 NORTH HALIFAX</b> City <b>ORMOND BEACH FL</b> Zip Code <b>32176</b>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Dennis M Buckley</i>		(NOTE: Registered Agent signature required when appointing)		DATE	
FILE NOW FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BUCKLEY, DENNIS</b>		NAME		
STREET ADDRESS	<b>735 N ATLANTIC AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DAYTONA BEACH, FL 32118</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>ANDERSON, GEORGE</b>		NAME		
STREET ADDRESS	<b>326 N ATLANTIC AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DAYTONA BEACH, FL 32118</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>HOPKINS, JOSEPH H</b>		NAME		
STREET ADDRESS	<b>140 S BEACH ST., STE. 306</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DAYTONA BEACH, FL 32118</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 reports 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: <i>Dennis M Buckley</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>4/25/03</b>	

CR2EC37 (10/02)