

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90076 010 \*\*\*\*61.25

**DOCUMENT # N10849**  
 1. Entity Name  
**OAK FOREST VILLAS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business		Mailing Address	
P.O. BOX 9272 NAPLES FL 34101 US		P.O. BOX 9272 NAPLES FL 34101-9272 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2575673</b>		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
<b>MURPHY, HENRY</b> 1002 OAK FOREST DRIVE NAPLES FL 34104		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
-------------------------------------	---	--

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRASER, VICKI		NAME	Becky Erickson	
STREET ADDRESS	1035 OAK FOREST DR		STREET ADDRESS	1015 Oak Forest Dr.	
CITY-ST-ZIP	NAPLES FL 34104		CITY-ST-ZIP	Naples, FL 34104	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDEZ, LILLIAN		NAME	George Pittman	
STREET ADDRESS	1026 OAK FOREST DR		STREET ADDRESS	1031 Oak Forest Dr.	
CITY-ST-ZIP	NAPLES FL 34104		CITY-ST-ZIP	Naples, FL #4104	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAREN PARK		NAME	Karen Park	
STREET ADDRESS	1044 OAK FOREST DR		STREET ADDRESS	1044 Oak Forest Dr.	
CITY-ST-ZIP	NAPLES FL		CITY-ST-ZIP	Naples, FL. 34104	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELL M. COOK		NAME	Fred Deaver	
STREET ADDRESS	1024 OAK FOREST DR		STREET ADDRESS	1053 Oak Forest Dr.	
CITY-ST-ZIP	NAPLES FL		CITY-ST-ZIP	Naples, FL. 34104	
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 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 REQUIRED** **Fred W Deaver**  
 1053 Oak Forest Dr.  
 Naples FL 34104  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)