

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90080 016 ****61.25

DOCUMENT # N10849

1. Entity Name

OAK FOREST VILLAS HOMEOWNERS ASSOCIATION, INC.

| | |
|---|---|
| Principal Place of Business P.O. BOX 9272 NAPLES FL 34101 US | Mailing Address P.O. BOX 9272 NAPLES FL 34101 US |
|---|---|

CHANGE ADDRESS TO (written on both boxes)



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 2. Principal Place of Business 1055 OAK FOREST DR. | 3. Mailing Address 1055 OAK FOREST DR |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|---------------------------------|------------------------------|
| City & State Naples, Florida | City & State NAPLES, FLA. |
| Zip 34104 | Zip 34104 |
| Country COLLIER | Country COLLIER |

| | |
|-----------------------------|--|
| 4. FEI Number 59-2575673 | Applied For <input type="checkbox"/> Not Applicable |
|-----------------------------|--|

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

6. Name and Address of Current Registered Agent

MURPHY, HENRY
 1002 OAK FOREST DRIVE
 NAPLES FL 34104

7. Name and Address of New Registered Agent

Name

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. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-------------------------------------|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS | |
|---|--|
| TITLE NAME PD ERICKSON, BECKY STREET ADDRESS 1015 OAK FOREST DR CITY-ST-ZIP NAPLES FL 34104 | <input type="checkbox"/> Delete |
| TITLE NAME VPD PITTMAN, GEORGE STREET ADDRESS 1031 OAK FOREST DR CITY-ST-ZIP NAPLES FL 34104 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME SD KAREN PARK STREET ADDRESS 1044 OAK FOREST DR CITY-ST-ZIP NAPLES FL 34104 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME TD DEAVER, FRED STREET ADDRESS 1053 OAK FOREST DR CITY-ST-ZIP NAPLES FL 34104 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME ERICKSON, BECKY STREET ADDRESS 1015 OAK FOREST DR CITY-ST-ZIP NAPLES, FL. 34104 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition (SAME AS LAST YEAR) |
| TITLE NAME VPD SANDNER, DOUG STREET ADDRESS 1012 OAK FOREST DR CITY-ST-ZIP NAPLES, FL. 34104 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME SD FRED DEAVER STREET ADDRESS 1053 OAK FOREST DR CITY-ST-ZIP NAPLES, FL. 34104 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME TD FRED DEAVER STREET ADDRESS 1053 OAK FOREST DR CITY-ST-ZIP NAPLES, FL. 34104 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED** *(741)* 4-25-01 417-5402

CR2E037 (10/00)

Attachment

8 55384

#N10849

PLEASE NOTE OUR NEW MAILING ADDRESS
FOR OAK FOREST VILLAS H. O. A.

1055 OAK FOREST DR.
NAPLES, FLORIDA - 34104

THANK YOU!

F. W. DEAUFR
TREASURER + SECRETARY

