

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90362 034 \*\*\*\*61.25

**DOCUMENT # N10849**

1. Entity Name

**OAK FOREST VILLAS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1055 OAK FORST DR  
 NAPLES FL 34104  
 US

1055 OAK FORST DR  
 NAPLES FL 34104  
 US

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

**59-2575673**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MURPHY, HENRY**  
**1002 OAK FOREST DRIVE**  
**NAPLES FL 34104**

Name **JOHN D. TWADDLE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1037 OAK Forest Dr**  
 City **NAPLES** FL **34104**

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 *John D. Twaddle* **JOHN D. TWADDLE, Treasurer** - 10-02  
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.

**\$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	PD	<input checked="" type="checkbox"/> Delete
NAME	ERICKSON, BECKY	
STREET ADDRESS	1015 OAK FOREST DR	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SANDNER, DOUG	
STREET ADDRESS	1042 OAK FOREST DR	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DEAVER, FRED	
STREET ADDRESS	1053 OAK FOREST DR	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DEAVER, FRED	
STREET ADDRESS	1053 OAK FOREST DR	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Pittman	
STREET ADDRESS	1031 OAK FOREST DR	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICKI FRASER	
STREET ADDRESS	1035 OAK FOREST DR	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YVONNE EDGETT	
STREET ADDRESS	1035 OAK FOREST DR	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN D. TWADDLE	
STREET ADDRESS	1037 OAK FOREST DR	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *George Pittman* **GEORGE PITTMAN** 4-10-02 <sup>(944)</sup> 904-1199  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)