

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90021 004 ****61.25

DOCUMENT # N12201

Entity Name

OAK FOREST BOULEVARD HOMEOWNERS ASSOCIATION, INC

DUU100J1



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
SPRAGUE OAK FOREST BLVD. W. FL 33776-3425		% SPRAGUE 8054 OAK FOREST BLVD. W. SEMINOLE FL 33776-3425 US	
Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
SPRAGUE, NORMAN S 8054 OAK FOREST BLVD. W. SEMINOLE FL 33776				Name Bob Glenn					
				Street Address (P.O. Box Number is Not Acceptable) 13740 OAK Forest Bl. W.					
				City Seminole		FL		Zip Code 33776	

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: Robert Glenn PhD, Robert Glenn president 1-30-00
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

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
PD SPRAGUE, NORMAN S 8054 OAK FOREST BLVD. W. SEMINOLE FL 33776	<input checked="" type="checkbox"/> Delete	PD Glenn, Bob. 13740 OAK Forest Bl. W. Seminole, FL 33776	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
V GLENN, BOB 13740 OAK FOREST BLVD N SEMINOLE FL 33776	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
S HORN, CELESTE 13785 OAK FOREST BLVD S SEMINOLE FL 33776	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
T MILDEBRATH, DANA 13758 OAK FOREST BLVD S SEMINOLE FL 33776	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D GLINSKY, PAT 13780 OAK FOREST BLVD S SEMINOLE FL 33776	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D LERNER, PHILLIP 8022 OAK FOREST BLVD. W. SEMINOLE FL 33776	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert Glenn PhD 1/30/00 727-3819400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)