

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90078 004 ****61.25

DOCUMENT # N17420

1. Entity Name

OAKLEAF CLUSTER HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

2595 TAMPA ROAD
 STE H
 PALM HARBOR FL 34684
 US

Mailing Address

2595 TAMPA ROAD
 STE H
 PALM HARBOR FL 34684
 US

2. Principal Place of Business

701 ENTERPRISE RD E
 Suite, Apt. #, etc.
 302

3. Mailing Address

701 ENTERPRISE RD E.
 Suite, Apt. #, etc.
 302

City & State

SAFETY HARBOR

City & State

SAFETY HARBOR FL

Zip
 34695-5303

Country
 PINELLAS

Zip
 34695-5303

Country
 PINELLAS

6. Name and Address of Current Registered Agent

PUDKIN, MICHELLE
 2595 TAMPA ROAD
 STE H
 PALM HARBOR FL 34684

7. Name and Address of New Registered Agent

Name
 ARLENE M BURNS
 Street Address (P.O. Box Number is Not Acceptable)
 701 ENTERPRISE RD E, STE 302
 City
 SAFETY HARBOR FL
 Zip Code
 34695

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

Arlene M Burns

2/1/02

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRIGHT, ELENA 100 KATHLEEN COURT TARPON SPRINGS FL 34689	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KRONK, DEBBIE 101 KATHLEEN COURT TARPON SPRINGS FL 34689	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAWRYCH, PATRICK 401 EAST CURLEW PLACE TARPON SPRINGS FL 34689	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD WALTER WOERLE 110 KATHLEEN COURT TARPON SPRINGS FL 34689 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHN WAUGH 111 KATHLEEN COURT TARPON SPRINGS FL 34689 <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
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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/02 727-725-4323

CR2E037 (9/01)