

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91129 006 ****61.25

DOCUMENT # N19755

1. Entity Name

OAKLANE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3011 CUNARD DRIVE
 VALRICO FL 33594
 US**

**3011 CUNARD DRIVE
 VALRICO FL 33594
 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

65-0199480

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GEORGE B. HARDY
 3011 CUNARD DRIVE
 VALRICO FL 33594**

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

GEORGE B. HARDY

George B. Hardy

4/28/02

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	DT	<input type="checkbox"/> Delete
NAME	HARDY, GEORGE B	
STREET ADDRESS	3011 CUNARD DRIVE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HENCOSKI, JACK	
STREET ADDRESS	3002 CUNARD DRIVE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	DS	<input type="checkbox"/> Delete
NAME	FOX, ELAINE	
STREET ADDRESS	2202 SPOONBILL CT	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ROCCO, JOHN	
STREET ADDRESS	2203 GADWELL COURT	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	D	<input type="checkbox"/> Delete
NAME	MYERS, RANDY	
STREET ADDRESS	3007 CUNARD DRIVE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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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 B. Hardy

Date

4/28/02

Daytime Phone #

813.390.8219

CR2E037 (9/01)