

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90109 010 ****61.25

DOCUMENT # N26745

1. Entity Name

OAK SPRINGS HOMEOWNERS ASSOCIATION, INC.

80023041



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address

12 HIGHLAND
SORRENTO FL 32776

12 HIGHLAND
SORRENTO FL 32776-9620

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-2904109** Applied For Not Applicable

Zip Country Zip Country

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

CRAWFORD, CAROL A. ATTY AT LAW
6320 MATCHETT ROAD
ORLANDO FL 32809

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 _____ (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	MILLER, DONALD D	
STREET ADDRESS	8 FLAGLER ST	
CITY-ST-ZIP	SORRENTO FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BVERNEICE, GRIBUS	
STREET ADDRESS	20 S. HILLSBOROUGH DR	
CITY-ST-ZIP	SORRENTO FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BUDKA, PATRICIA	
STREET ADDRESS	24 FRANKLIN CR	
CITY-ST-ZIP	SORRENTO FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SMYTH, CHARLES	
STREET ADDRESS	23 SEMINOLE STREET	
CITY-ST-ZIP	SORRENTO FL 32776	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CONCELMO, DON	
STREET ADDRESS	14 HIGHLAND AVE	
CITY-ST-ZIP	SORRENTO FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KEIFER, VIRGIL	
STREET ADDRESS	165 HILLSBOROUGH DR	
CITY-ST-ZIP	SORRENTO FL	

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILCOX FRANK	
STREET ADDRESS	8 HILLSBOROUGH DR	
CITY-ST-ZIP	SORRENTO, FL 32776	
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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DC	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURLEIGH, BOB	
STREET ADDRESS	6 FLAGLER ST.	
CITY-ST-ZIP	SORRENTO, FL 32776	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAGEN, RUTH	
STREET ADDRESS	2 FLAGLER ST	
CITY-ST-ZIP	SORRENTO, FL 32776	

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: **FRANK WILCOX**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1-10-00** Daytime Phone #: **352-735-4739**

CR2E037 (9/99)