

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90093 037 ****61.25

DOCUMENT # N50601

1. Entity Name
OAKBREEZE COVE OWNERS ASSOCIATION, INC.

Principal Place of Business
10036 SAGRASSDR
STE 3
PONTE VEDRA BEACH, FL
32082

Mailing Address
P.O. DRAWER 1159
PONTE VEDRA BEACH, FL
32004-1159

A0064764

2. Principal Place of Business
2180 W SR 434
 Suite, Apt. #, etc.
STE 5000
 City & State
LONGWOOD, FL

3. Mailing Address
2180 W SR 434
 Suite, Apt. #, etc.
STE 5000
 City & State
LONGWOOD, FL

DO NOT WRITE IN THIS SPACE

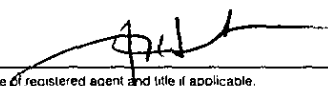
4. FEI Number
59-3143300 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MUNCH, DONALD
FOUR SEASONS MGMT.
10036 SAWGRASS DR #3
PONTE VEDRA BEACH, FL 32082

7. Name and Address of New Registered Agent
 Name
HART, JAMES W. JR
 Street Address (P.O. Box Number is Not Acceptable)
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
 City
LONGWOOD FL Zip Code
32779-5044

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  DATE **4/27/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	I DE OLIVEIRA, HELENA 1741 EVANS DR. S. JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALAN, MICHELLE 1703 OAKBREEZE LANE JACKSONVILLE BEACH, FL 32250 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition FEKULA, PAT 1891 EVANS DR S JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESTERBEKE, STEVE 1776 EVANS DR S JACKSONVILLE BEACH, FL 32250 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition OBERHEU, JOHN 223 EVANS DR S JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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:   **4-25-00 904-285-1626**