

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

0006170

DOCUMENT # N50601

1. Entity Name

OAKBREEZE COVE OWNERS ASSOCIATION, INC.

04-02-2001 90317 044 ****61.25

Principal Place of Business

Mailing Address

10036 SAWGRASS DR.
 STE. 3
 PONTE VEDRA BEACH FL 32082

P.O. DRAWER 1159
 PONTE VEDRA BEACH FL 32004

2. Principal Place of Business
2180 WEST SR 434

3. Mailing Address
2180 WEST SR 434

Suite, Apt. #, etc.
SUITE 5000

Suite, Apt. #, etc.
SUITE 5000

City & State
LONGWOOD FL

City & State
LONGWOOD FL

Zip
32779-5044

Country
US

Zip
32779-5044

Country
US

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

7. Name and Address of New Registered Agent

MUNCH, DONALD
FOUR SEASONS MGMT.
10036 SAWGRASS DR. #3
PONTE VEDRA BEACH FL 32082

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
T	DE OLIVEIRA, HELENA	1741 EVANS DR S	JACKSONVILLE BCH FL	<input type="checkbox"/>
D	GALAN, MICHELLE	1703 OAKBREEZE LANE	JACKSONVILLE BCH FL 32250	<input checked="" type="checkbox"/>
D	WESTERBEKE, STEVE	1776 EVANS DR S	JACKSONVILLE BCH FL 32250	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
VD				<input checked="" type="checkbox"/>	<input type="checkbox"/>
PD	FEKULA, PAT	1891 EVANS DR S	JACKSONVILLE BCH, FL 32250	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STD	HILL, JOSE	1873 EVANS DR S	JACKSONVILLE BCH, FL 32250	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-01
 246-3628
 Daytime Phone #

CR2E037 (10/00)