

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90004 002 ****61.25

DOCUMENT # N50601

1. Entity Name

OAKBREEZE COVE OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2180 WEST SR 434 STE 5000
 LONGWOOD FL 32779-5044**

**2180 WEST SR 434 STE 5000
 LONGWOOD FL 32779-5044**

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

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

**HART, JAMES W JR
 SENTRY MANAGEMENT, INC.
 2180 WEST SR 434 STE 5000
 LONGWOOD FL 32779-5044**

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

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: **VD** Delete
 NAME: **DE OLIVEIRA, HELENA**
 STREET ADDRESS: **1741 EVANS DR S**
 CITY-ST-ZIP: **JACKSONVILLE BCH FL 32250**

TITLE: **VD** Change Addition
 NAME: **DeForge, Louis**
 STREET ADDRESS: **222 Evans Drive South**
 CITY-ST-ZIP: **Jacksonville FL 32250**

TITLE: **PD** Delete
 NAME: **FEKULA, PAT**
 STREET ADDRESS: **1891 EVANS DR S**
 CITY-ST-ZIP: **JACKSONVILLE BEACH FL 32250**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **SDT** Delete
 NAME: **HILL, JOSE**
 STREET ADDRESS: **1873 EVANS DR S**
 CITY-ST-ZIP: **JACKSONVILLE BEACH FL 32250**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 empowerments.

SIGNATURE:

(Handwritten Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-02

(904) 249-4197

PATRICK A. FEKULA

Date

Daytime Phone #

CR2E037 (9/01)