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**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

55049300

<b>DOCUMENT # N50601</b>					
1. Entity Name <b>OAKBREEZE COVE OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business 2180 WEST SR 434 STE 5000 LONGWOOD FL 32779-5044		Mailing Address 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		4. FEI Number <b>59-8143300</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE		Signature, hand or printed name of registered agent and title if applicable		DATE	
FILE NOW: FEE IS \$81.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VO	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEFORGE, LOUIS		NAME	DeForge, Louis	
STREET ADDRESS	222 EVANS DRIVE SOUTH		STREET ADDRESS	222 Evans Drive South	
CITY-ST-ZIP	JACKSONVILLE BCH FL 32250		CITY-ST-ZIP	JACKSONVILLE BCH FL 32250	
TITLE	PO	<input checked="" type="checkbox"/> Delete	TITLE	VO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FEKULA, PAT		NAME	Brad Bernhardt	
STREET ADDRESS	1891 EVANS DR S		STREET ADDRESS	224 Evans Dr. S.	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250		CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	SOT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, JOSE		NAME		
STREET ADDRESS	1873 EVANS DR S		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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 or other title empowered.					
SIGNATURE: <i>LOUIS DEFORGE</i>		Date: <i>6/20/03</i> Louis DeForge			

CFR25037 (10/02)