

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91625 030 \*\*\*\*61.25

**DOCUMENT # N95000003888**

1. Entity Name

**OAK TRACE PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**1956 BORDER AVENUE  
 INVERNESS FL 34450**

**P.O. BOX 518  
 INVERNESS FL 34451**

00082620

2. Principal Place of Business

3. Mailing Address

**P.O. BOX 518**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**INVERNESS, FL**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34451**

**U.S.**

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

**KAUFMAN, FLORENCE  
 1956 BORDER AVENUE  
 INVERNESS FL 34450**

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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>KAUFMAN, FLORENCE</b>
STREET ADDRESS	<b>1956 BORDER AVENUE</b>
CITY-ST-ZIP	<b>INVERNESS FL 34450</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CHERNICH, CHERISE</b>
STREET ADDRESS	<b>3624 E COUNTRYSIDE DR</b>
CITY-ST-ZIP	<b>INVERNESS FL 34452</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CHERNICH, JAMES</b>
STREET ADDRESS	<b>3624 E COUNTRYSIDE DR</b>
CITY-ST-ZIP	<b>INVERNESS FL 34452</b>
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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: FLORENCE KAUFMAN**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-15-02** **352**  
**726-2552**  
 Date Daytime Phone #

CR2E037 (9/01)