

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91409 014 *****61.25

DOCUMENT # N96000002681

1. Entity Name

OAKLAND POINTE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**29 OAKLAND POINTE CIRCLE
PO BOX 1011
OAKLAND FL 34760
US**

Mailing Address

**PO BOX 1011
OAKLAND FL 34760
US**

20041186



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

22 OAKLAND POINTE CIR.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Suite, Apt. #, etc.

P.O. Box 1011

City & State

OAKLAND, FL.

4. FEI Number **59-3425397**

Applied For

Not Applicable

Zip **34760**

Country **U.S.**

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SMITH, ANGEL
PO BOX 639
16 OAKLAND POINTE CIRCLE
OAKLAND FL 34760**

7. Name and Address of New Registered Agent

Name

WARREN FADENRECHT

Street Address (P.O. Box Number is Not Acceptable)

P.O. Box 915

9 OAKLAND PT. CIR.

City

OAKLAND, FL

FL

Zip Code

34760

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

Warren Fadenrecht

5.2.03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **SMITH, ANGEL**
STREET ADDRESS **16 OAKLAND POINTE CIRCLE**
CITY-ST-ZIP **OAKLAND FL 34760**

TITLE **VD** ☒ Delete
NAME **BOUSFIELD, LORRAINE**
STREET ADDRESS **15 OAKLAND POINTE CIRCLE**
CITY-ST-ZIP **OAKLAND FL 34760**

TITLE **TD** ☒ Delete
NAME **RITCHEY, SHIRLEY**
STREET ADDRESS **29 OAKLAND POINTE CIRCLE**
CITY-ST-ZIP **OAKLAND FL 34760**

TITLE **SD** ☒ Delete
NAME **PURRORE, SCOTT**
STREET ADDRESS **21 OAKLAND POINTE CIRCLE**
CITY-ST-ZIP **OAKLAND FL 34760**

TITLE **D** ☒ Delete
NAME **FUDENRECHT, ALICIA**
STREET ADDRESS **9 OAKLAND POINTE CIRCLE**
CITY-ST-ZIP **OAKLAND FL 34760**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **WARREN FADENRECHT**
STREET ADDRESS **9 OAKLAND POINTE CIR.**
CITY-ST-ZIP **OAKLAND FL 34760**

TITLE **VD** ☒ Change ☐ Addition
NAME **BOB BOUSFIELD**
STREET ADDRESS **15 OAKLAND PT. CIR.**
CITY-ST-ZIP **OAKLAND, FL 34760**

TITLE **TD** ☒ Change ☐ Addition
NAME **FORBES, RENDY**
STREET ADDRESS **22 OAKLAND POINTE CIRCLE**
CITY-ST-ZIP **OAKLAND FL 34760**

TITLE **SD** ☒ Change ☐ Addition
NAME **KEVIN MCNEELEY**
STREET ADDRESS **5 OAKLAND POINTE CIR.**
CITY-ST-ZIP **OAKLAND, FL 34760**

TITLE **D** ☒ Change ☐ Addition
NAME **GLERN TYNDALL**
STREET ADDRESS **13 OAKLAND, PT. CIR.**
CITY-ST-ZIP **OAKLAND, FL. 34760**

TITLE ☐ Change ☐ 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:

Warren Fadenrecht

5.2.03

407.509.1217

CR2E037 (10/02)