

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # N96000002681

1. Entity Name

OAKLAND POINTE HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90016 013 \*\*\*\*61.25

Principal Place of Business

2180 W SR 434  
5000  
LONGWOOD FL 32779  
US

Mailing Address

2180 W SR 434  
5000  
LONGWOOD FL 32779  
US

2. Principal Place of Business

29 OAKLAND POINTE CIRCLE

3. Mailing Address

P.O. Box 1011

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 1011

City & State

OAKLAND FL

City & State

OAKLAND FL

Zip

34760

Country

ORANGE

Zip

34760

Country

ORANGE

4. FEI Number

59-3425397

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HART, JAMES W JR  
2180 W SR 434  
5000  
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name

Shirley Reedy

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

P.O. Box 1011

29 Oakland Pointe Circle

City

Oakland

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.

SIGNATURE

Shirley P. Reedy (Treas.)

(NOTE: Registered Agent signature required when reinstating)

2/22/2000

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GALLIMORE, ELLSWORTH G	
STREET ADDRESS	1051 WINDERLEY PLACE #307	
CITY-ST-ZIP	MAITLAND FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GALLIMORE, SHIRLEY P	
STREET ADDRESS	1051 WINDERLEY PLACE #307	
CITY-ST-ZIP	MAITLAND FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	WARD, LOUISE A	
STREET ADDRESS	1051 WINDERLEY PLACE #307	
CITY-ST-ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chuck Lunk	
STREET ADDRESS	10821 Bayshore Dr	
CITY-ST-ZIP	Wildermeade, FL 34786	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kraig Smith	
STREET ADDRESS	16 Oakland Pointe Circle	
CITY-ST-ZIP	Oakland, FL 34760	
TITLE	Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shirley Reedy	
STREET ADDRESS	29 Oakland Pointe Circle	
CITY-ST-ZIP	Oakland, FL 34760	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathy Christopher	
STREET ADDRESS	30 OAKLAND POINTE CIRCLE	
CITY-ST-ZIP	OAKLAND, FL 34760	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Shirley P. Reedy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/2000

Date

407-654-7883

Daytime Phone #

CR2037 (9/99)