

2000 UNIFORM BUSINESS REPORT (UBR)

3/17/00-90070-005-\$61.25-\$61.25

DOCUMENT # N98000005630

1. Entity Name

OAKBROOK ESTATES OF PINELLAS HOMEOWNERS ASSOCIAT

FILED

00 APR -3 AM 8:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

26750 U.S. HIGHWAY 19 NORTH
SUITE 301
CLEARWATER FL 33761

Mailing Address

26750 U.S. HIGHWAY 19 NORTH
SUITE 301
CLEARWATER FL 33761-3455



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2595 Tampa Road

Suite, Apt. #, etc.
Suite H

3. Mailing Address

2595 Tampa Road

Suite, Apt. #, etc.
Suite H

City & State

Palm Harbor, Fl

City & State

Palm Harbor, Fl

4. FEI Number

59-3539868

Applied For

Not Applicable

Zip
34684

Country
USA

Zip
34684

Country
USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LARSON, ROGER A
JOHNSON, BLAKELY, POPE, BOKOR P.A.
911 CHESTNUT STREET
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

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

TITLE PD Delete
NAME HUTCHINSON, ROBERT B
STREET ADDRESS 26750 U.S. HIGHWAY 19 NORTH, SUITE 301
CITY-ST-ZIP CLEARWATER FL 33761

TITLE VPD Delete
NAME SHARP, DON
STREET ADDRESS 26750 U.S. HIGHWAY 19 NORTH, SUITE 301
CITY-ST-ZIP CLEARWATER FL 33761

TITLE STD Delete
NAME ESKEW, ROBERT
STREET ADDRESS 26750 U.S. HIGHWAY 19 NORTH, SUITE 301
CITY-ST-ZIP CLEARWATER FL 33761

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Change Addition
NAME Hennessey, Leslie
STREET ADDRESS 3087 Oakbrook Circle
CITY-ST-ZIP Clearwater, Fl. 337

TITLE VPD Change Addition
NAME Guerrero, Vincent
STREET ADDRESS 3083 Oakbrook Circle
CITY-ST-ZIP Clearwater, Fl. 33

TITLE STD Change Addition
NAME Free Thomas E.
STREET ADDRESS 3086 Oakbrook Circle
CITY-ST-ZIP Clearwater Fl. 33759

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, I am empowered.

SIGNATURE:

[Signature] **SIGNATURE REQUIRED**

3/2/00

KE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)