

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90151 009 ****61.25

DOCUMENT # *N98000005630*

1. Entity Name

OAKBROOK ESTATES OF PINELLAS HOMEOWNERS ASSOCIATION INC.

Principal Place of Business

*2595 TAMPA ROAD
 SUITE H
 PALM HARBOR FL
 34684*

Mailing Address

*2595 TAMPA ROAD
 SUITE H
 PALM HARBOR
 FL 34684*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3539868

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

*RANDOLPH, LESLIE J
 2595 TAMPA ROAD STE H
 PALM HARBOR FL 34684*

7. Name and Address of New Registered Agent

Name *LEIGH SLEMENT*
 Street Address (P.O. Box Number is Not Acceptable) *PROPERTY GROUP OF CENTRAL FL INC
 2595 TAMPA RD SUITE H*
 City *PALM HARBOR* FL Zip Code *34684*

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

L Slement

04/06/2002

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*
 NAME *TOBIASSEN, DAVID* Delete
 STREET ADDRESS *3046 OAKBROOK CIRCLE*
 CITY-ST-ZIP *CLEARWATER FL 33759*

TITLE *VPD*
 NAME *BUCKWALTER, RICK* Delete
 STREET ADDRESS *3055 OAKBROOK CIRCLE*
 CITY-ST-ZIP *CLEARWATER FL 33759*

TITLE *STD*
 NAME *RAMPOLLA, KATHLEEN* Delete
 STREET ADDRESS *3063 OAKBROOK CIRCLE*
 CITY-ST-ZIP *CLEARWATER FL 33759*

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*
 NAME *SIMMONS, PATRICIA* Change Addition
 STREET ADDRESS *3070 OAKBROOK CIRCLE*
 CITY-ST-ZIP *CLEARWATER FL 33759*

TITLE *VPD*
 NAME *RAMPOLLA, KATHLEEN* Change Addition
 STREET ADDRESS *3063 OAKBROOK CIRCLE*
 CITY-ST-ZIP *CLEARWATER FL 33759*

TITLE *STD*
 NAME *SCHIMSKY, REBECCA* Change Addition
 STREET ADDRESS *3074 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)(j), 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:

Patricia Simmons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/2002 727-669

Date

Daytime Phone #

CR2E037 (1/100)