

**2001 UNIFORM BUSINESS REPORT (UBR)**

5/11

**FILED**  
**Jul 06, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90465 011 \*\*\*\*61.25

**DOCUMENT # N94000005906**

1. Entity Name

**OAK HOLLOW HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

675 KELLY GREEN  
 OVIEDO FL 32765  
 US

Mailing Address

P.O. BOX 620921  
 OVIEDO FL 32765  
 US

*(Handwritten initials)*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3282355

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POTTIER, MICHAEL E  
 692 KELLY GREEN ST  
 OVIEDO FL 32765

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

*(Handwritten signature: M. E. Pottier)*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*(Handwritten date: 4-29-01)*

**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 NAME	DP HALL, JENNIFER	<input type="checkbox"/> Delete
STREET ADDRESS	647 LADY LYNN CT.	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE NAME	DS DANIEL, JACKIE	<input type="checkbox"/> Delete
STREET ADDRESS	622 KELLY GREEN GREEN ST	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE NAME	DV DANGEL, DAVID D	<input type="checkbox"/> Delete
STREET ADDRESS	678 KELLY GREEN ST	
CITY-ST-ZIP	OVIEDO FL	
TITLE NAME	TD POTTIER, MICHAEL	<input type="checkbox"/> Delete
STREET ADDRESS	692 KELLY GREEN ST	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	DAVID MCCORQUODALE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	587 KELLY GREEN ST	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE NAME	BOB STEVENS DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	555 KELLY GREEN ST	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE NAME	MICHAEL BOSWELL DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	580 KELLY GREEN ST	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	SAME	
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

CRCE037 (10/00)

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:

**SIGNATURE REQUIRED**

*(Handwritten signature: M. E. Pottier)*

*(Handwritten date: 6-27-01)*

*(Handwritten phone number: 4073661811)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #