2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729838

Entity Name

THE OAKS CONDOMINIUM ASSOCIATION, INC. OF BROWAR

Principal Place of Business
4151 STIRLING ROAD
FORT LAUDERDALE FL 33314

Mailing Address

4151 STIRLING ROAD

FORT LAUDERDALE FL 33314-7516

FILED May 18, 2000 8:00 am Secretary of State

05-18-2000 90298 007 ****61.25

848689

| on blockbrie is seen | | | | | | | | |
|---------------------------------------|--|--------------------------------|-------------------------------|--|--|--|---|----------|
| | | | | J (88 0)3) J | תום ונעום נושו נענון שעושו ופוסו פוטנו אום |))# 010 #1 010 0# 010 |)) (((((((((((((((((((((((((((((((((((| |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | |
| City & State | | City & State | | 4. FEI Numbe | 59-1658714 | Applied For Not Applicable | | } |
| Zip Country | | Zip | ip Country | | Certificate of Status Desired | | | |
| | 6. Name and Address of Current | Registered Agent | | 7. Name and | 7. Name and Address of New Registered Agent | | | |
| · · · · · · · · · · · · · · · · · · · | | | Name | | | | | ŀ |
| | D, ANTHONY LING ROAD | | Street Ac | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| #107 DAVIE FL | | | City | | Fl | Zip Code | | |
| 3. The above | named entity submits this statement for | or the purpose of changing its | registered office or | registered agent, or boti | h, in the state of Florida. | | | |
| | | | • | 3 0 . | | | | } |
| SIGNATURE . | Signature, typed or printed name of registered agent | and title if applicable (NOTE | : Registered Agent signatu | re required when reinstating) | DATE | | | j i |
| | FILE NOW: | 9. Election Campaign | | \$5.00 May Be | Make Check | Payable to | 1 | |
| | FEE IS \$61.25 | Trust Fund Contrib. | ution. \square | Added to Fees | Departmen | t of State | | |
| 1 0 . | OFFICERS AND DI | RECTORS | 11. | | ANGES TO OFFICERS AND D | RECTORS IN | 10 | ! ! |
| TITLE | PD | Delete | TITLE | VP/D | A4 | ☐ Change | Addition | 66/6 |
| NAME | BUKOVI, GENE | / ` | NAME | HOUGREN | MICHAEL NGRO # 402 | | | |
| STREET ADDRESS | 1710 NW 62ND AVE | | STREET ADDRESS CITY-ST-ZIP | | | | | 03/ |
| CITY-ST-ZIP | HOLLYWOOD FL | | | TT LAUD. | FL 33314 | | □ • data: | _ m |
| TITLE | VSD TONY | ☐ Delete | TITLE NAME | | MA | ☐ Change | Addition | C |
| NAME STREET ADORESS | D'ALESSIO, TONY | | STREET ADDRESS | 4131 STIPLIN | ALESSIO, TONY 131 Stieling RO #107 | | | |
| CITY-ST-ZIP | 4131 STIRLING ROAD #107 FT LAUDERDALE FL 33314 | | CITY-ST-ZIP | FT LAUDERDALE PL 33314 | | 14 | _ | |
| TITLE | TD | Delete | TITLE | 2/1/0 | | □ Change | Addition | |
| NAME | PHILLIPS, LAWRENCE M |) Colons | NAME | WINKELHOLZ | , ADRIANA | | | |
| STREET ADDRESS | 4111 STIRLING ROAD, #403 | | STREET ADDRESS | 4111 STIRLI | ng rd | | | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33314 | | CITY-ST-ZIP | FT LAUD. 1 | EU 33314 | | | 1 |
| TITLE | D | Delete | TITLE | 1) | | Change | Addition | ı |
| NAME | ARTICOLA, GEORGE | / - | NAME | MYERS, DI | ay A. NG RD #403 | | | i |
| STREET ADDRESS | 4121 STIRLING RD., 209 | | | | | 214 | | |
| CITY-ST-ZIP | FT LAUDERDALE FL | | CiTY-ST-ZIP | | ROALE FL 33 | | | i |
| TITLE | D | ☐ Delete | TITLE | BELEW, Ch | CALL ES | Change | ☐ Addition | ı |
| NAME STREET ANNOESS | BELEW, CHARLES | | NAME STREET ADDRESS | 4111 Storling | Rd #206 | | | ı |
| STREET ADDRESS CITY-ST-ZIP | 4111 STIRLING ROAD, #206 | | CITY-ST-ZIP | FILAUD FL | | | | |
| TITLE | FT LAUDERDALE FL 33314 | Delete | TITLE | TT CHOU IT | 52th - | ☐ Change | Addition | |
| NAME | | L) Delete | . NAME | | | CT Ottalige | C Manifold | ı |
| STREET ADDRESS | 1 | | STREET ADDRESS | | | | į | ı |
| | | | I are a | | | | | |

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 er Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles Belew

4/26/00 480