

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90110 002 ****70.00

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1. Entity Name

THE OAKS UNIT-V CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

14100 N. 46TH STREET
 TAMPA FL 33613

C/O WISE PROPERTY MGMT.
 7628 N. 56TH STREET, SUITE 8
 TAMPA FL 33617-7732



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3035562

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIVEY, WILLIAM C
 7628 N. 56TH STREET
 SUITE 8
 TAMPA FL 33617

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 Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Addition

TITLE NAME P SWIDLER, CODY
 STREET ADDRESS 14100 N. 46TH STREET #R-32
 CITY-ST-ZIP TAMPA FL 33613

TITLE NAME TD MARIE MUNSCH
 STREET ADDRESS 14205 SHADOW MOSS #201
 CITY-ST-ZIP TAMPA FL 33613

TITLE NAME T BUSCIGLIO, DAREN
 STREET ADDRESS 14100 N. 46TH STREET #R-30
 CITY-ST-ZIP TAMPA FL 33613

TITLE NAME SD IVAN VAZQUEZ
 STREET ADDRESS 14205 SHADOW MOSS #201
 CITY-ST-ZIP TAMPA FL 33613

TITLE NAME S NERON, BETH
 STREET ADDRESS 14100 N. 46TH STREET #Q-20
 CITY-ST-ZIP TAMPA FL 33613

TITLE NAME D BRANDON KROLL
 STREET ADDRESS 14201 SHADOW MOSS #102
 CITY-ST-ZIP TAMPA FL 33613

TITLE NAME D DUMOIS, MARIE
 STREET ADDRESS 2513 S. YSABELLA AVE.
 CITY-ST-ZIP TAMPA FL 33629

TITLE NAME D JENNIFER PHILLIPS
 STREET ADDRESS 14207 SHADOW MOSS #201
 CITY-ST-ZIP TAMPA FL 33613

TITLE NAME D HOWARD, VIVIAN
 STREET ADDRESS 14100 N. 46TH STREET #O-5
 CITY-ST-ZIP TAMPA FL 33613

TITLE 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: **SIGNATURE REQUIRED** CODY SWIDLER 4/3/00 813-631-0728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)