

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90302 037 \*\*\*\*70.00

**DOCUMENT # 766950**  
 1. Entity Name  
**THE OAKS UNIT V CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business 14100 N. 46TH STREET TAMPA FL 33613	Mailing Address C/O WISE PROPERTY MGMT. 7628 N. 56TH STREET, SUITE 8 TAMPA FL 33617
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 16105 N. FLORIDA SUITE A
City & State	City & State LUTZ FL
Zip	Country
33549	UNITED STATES

4. FEI Number 59-3035562	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	--

6. Name and Address of Current Registered Agent  
**SPIVEY, WILLIAM C**  
 7628 N. 56TH STREET  
 SUITE 8  
 TAMPA FL 33617

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 16105 N. FLORIDA  
 SUITE A  
 City  
 LUTZ FL Zip Code  
 33549

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
-------------------------------------	--	------------------------------------	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SWIDLER, CODY</b> <input type="checkbox"/> Delete 14100 N. 46TH STREET #R-32 TAMPA FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BUSCIGLIO, DAREN</b> <input checked="" type="checkbox"/> Delete 14100 N. 46TH STREET #R-30 TAMPA FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S NERON, BETH</b> <input checked="" type="checkbox"/> Delete 14100 N. 46TH STREET #Q-20 TAMPA FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DUMOIS, MARIE</b> <input checked="" type="checkbox"/> Delete 2513 S. YSABELLA AVE. TAMPA FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HOWARD, VIVIAN</b> <input checked="" type="checkbox"/> Delete 14100 N. 46TH STREET #O-5 TAMPA FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T D MARIE MUNSCH</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 14205 SHADOW MOSS #201 TAMPA FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S D IVAN VAZQUEZ</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 14205 SHADOW MOSS #102 TAMPA FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BRANDON KROLL</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 14201 SHADOW MOSS #102 TAMPA FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JENNIFER PHILLIPS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 14207 SHADOW MOSS #201 TAMPA FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 information.

SIGNATURE: **SIGNATURE OF IVAN VAZQUEZ** 4/6/01 (813) 968-5665  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)