

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90277 018 ****70.00

DOCUMENT # N01131

1. Entity Name
THE OAKS UNIT VII CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 16105 N. FLORIDA SUITE A LUTZ FL 33549 US	Mailing Address 16105 N. FLORIDA SUITE A LUTZ FL 33549 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2388426	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**SPIVEY, WILLIAM C C/O WISE PROPERTY MGMT
 16105 N. FLORIDA SUITE A
 LUTZ FL 33549**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 STREET ADDRESS CITY-ST-ZIP	PD PERREULT, DOUGLAS 13231 PINE CREEK CIR RIVERVIEW FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD REYES, ROSE 14401 HANGING MOSS #102 TAMPA FL 33613 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ODERGARD, JORN 14401 HANGING MOSS #201 TAMPA FL 33613 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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	PD CHIP DEBLOK 17640 NATHAN'S CT TAMPA FL 33647 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowered.

SIGNATURE: **SIGNATURE REQUIRED** *[Signature]* Date: **4/22/02** Daytime Phone #: **813-968-5665**

CR2E037 (9/01)

Attachment Datt 1101131 B0074183

RUN DATE: 3/26/02
RUN TIME: 9:50 AM

OAKS VII CONDOMINIUM ASSN.
BOARD/COMMITTEE MEMBERS REPORT AS OF 03/26/02

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NAME/ADDRESS

TITLE

TERM EXPIRATION

CLASS: PRESIDENT

CHIP DE BLOCK
17640 Nathan's Court
Tampa FL 33647

President
WORK PHONE:
HOME PHONE: 813-973-3771

February 2003

CLASS: SECRETARY

ROSE E. REYES
14401 Hanging Moss Cir., #102
Tampa FL 33613

Secretary
WORK PHONE: 813-979-6704
HOME PHONE: 813-

February 2003

CLASS: VICE PRESIDENT/TREASURER

JORN ODERGARD
14401 Hanging Moss Cir, #201
Tampa FL 33613

Vice President/Treasurer
WORK PHONE:
HOME PHONE: 813-978-1014

February 2003

-- End of report --