

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90064 017 ****61.25

DOCUMENT # N01633

1. Entity Name

THE OAKS UNIT VIII CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7001 TEMPLE TERRACE HWY
 TEMPLE TERRACE FL 33637
 US

7001 TEMPLE TERRACE HWY
 TEMPLE TERRACE FL 33637-5734
 US

912734



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

59-2494297

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

LERNER, PATRICIA L
606 MADISON, STE 2001
TAMPA FL 33602

Name

Street Address (P.O. Box Number is Not Acceptable)

420 Platt St.

City

Tampa

FL

Zip Code

33606

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD SHIELDS, HUGH**
 STREET ADDRESS **1632 SEABREEZE DR**
 CITY-ST-ZIP **TARPON SPGS FL**

TITLE Change Addition

TITLE Delete
 NAME **SD YOUNG, DEBRA**
 STREET ADDRESS **1632 SEABREEZE DR**
 CITY-ST-ZIP **TARPON SPGS FL**

TITLE Change Addition

TITLE Delete
 NAME **VD YOUNG, LARRY**
 STREET ADDRESS **1632 SEABREEZE DR**
 CITY-ST-ZIP **TARPON SPGS FL**

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/00 727-937-1974

CR2E037 (9/99)