

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06947

1. Entity Name

OAK KNOLL CONDOMINIUM ASSOCIATION, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90078 005 ****61.25

Principal Place of Business

Mailing Address

209 LAKE CHAPMAN RD. W
 LUTZ FL 33549

209 LAKE CHAPMAN RD. W
 LUTZ FL 33549

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2894272

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORE, PAUL
 12742 N 57TH ST
 TAMPA FL 33617

Name

Larry Perlman

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

12707 N 57th St

Tampa, FL 33617

City

Tampa, FL

FL

Zip Code
33617

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.

Larry Perlman

SIGNATURE

Larry Perlman

4-29-00

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 **PD** Delete
 NAME **MOORE, PAUL**
 STREET ADDRESS **12742 N. 57TH ST.**
 CITY-ST-ZIP **TAMPA FL**

TITLE **PD** Change Addition
 NAME **Tuting, Al-Nath**
 STREET ADDRESS **12754 N 57th St**
 CITY-ST-ZIP **Tampa, FL 33617**

TITLE **TD** Delete
 NAME **BOYD, BEA**
 STREET ADDRESS **209 W LAKE CHAPMAN RD**
 CITY-ST-ZIP **LUTZ FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BAUER, DAVID W**
 STREET ADDRESS **12740 N. 57TH STREET**
 CITY-ST-ZIP **TAMPA FL 33617**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **Perlman, Larry**
 STREET ADDRESS **12707 N 57th St**
 CITY-ST-ZIP **Tampa, FL 33617**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **Lopez, Mildred**
 STREET ADDRESS **12760 N 57th St**
 CITY-ST-ZIP **Tampa, FL**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 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:

Bea Boyd
Bea Boyd, Treas.

813-961-2606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)