## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N06947

1. Entity Name

## OAK KNOLL CONDOMINIUM ASSOCIATION, INC.



May 22, 2003 8:00 am Secretary of State

05-22-2003 90136 025 \*\*\*\*61.25

**FILED** 

| OAN NINC                              | PEE CONDOMINATION ACCOUNTS   | 014, 1140.  |                                       |  |                             |              |                             |
|---------------------------------------|--|---|---------------------------------------|--|-----------------------------|--------------|-----------------------------|
| 209 CHAPMAN RD. W 209 C               |  | Mailing Address<br>209 CHAPMAN RD. W<br>LUTZ FL 33548 | CHAPMAN RD. W                         |  |                             |              |                             |
| 2. Principal F                        | Place of Business  | 3. Mailing Address                                    |                                       |  |                             |              |                             |
| Suite, Apt. #, etc.                   |  | Suite, Apt. #, etc.                                   |                                       | CHECK HERE IF MAKING CHANGES                       |                             |              |                             |
| - <del></del>                         |  |   | <u>.</u>                              |  |                             |              |                             |
| City & State                          |  | City & State  |                                       | 4. FEI Number 59-                                  | 2894272                     | <u> </u>     | pplied For<br>ot Applicable |
| Zip                                   | Country  | Zip   | Country                               | 5. Certificate of State                            | us Desired                  | 8.75 Add     | ditional                    |
|                                       | 6. Name and Address of Current Re  | gistered Agent  |                                       | 7. Name and Addre                                  | ss of New Registered A      |              |                             |
|                                       |  |   | Name                                  |  |                             |              |                             |
| HILL, JOI                             |  |   | Street Address                        | Street Address (P.O. Box Number is Not Acceptable) |                             |              |                             |
| 12740 N. 57TH ST.<br>TAMPA FL 33617   |  |   |                                       |  |                             |              | <del></del>                 |
| I CHILL C                             | 2 00017  |   | City                                  |  |                             | Zip Code     | e                           |
|                                       | e named entity submits this statement for the tions of registered agent.  Signature, typed or printed name of registered agent and |   | registered office or registe          |  | e State of Florida. I am fa | miliar with, | and accept                  |
| Trust Fun                             |  |   | npaign Financing<br>contribution.     | bution. Added to Fees Florida Department of Sta    |                             |              |                             |
| 10.                                   | OFFICERS AND DIREC   |   | 11                                    | ADDITIONS/CHANGES                                  | TO OFFICERS AND DIR         | ECTORS IN    |                             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD<br>Hill, Jonathan<br>12740 n. 57th St.<br>Tampa Fl 33617  | □ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |                             | ☐ Change     | Addition                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD<br>BOYD, BEA<br>209 CHAPMAN RD. W<br>LUTZ FL 33548  | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |                             | ☐ Change     | ☐ Addition                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS<br>OATMAN, VON<br>12714 N 57TH ST<br>TAMPA FL 33617   | Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ·  |                             | ☐ Change     | Addition                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD<br>LIVINGSTON, RHONDA<br>12726 N 57TH ST.<br>TAMPA FL 33617  | <b>D</b> Delete                                       | TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |                             | Change       | ☐ Addition                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D<br>LOPEZ, MILDRED<br>12760 N 57TH ST.<br>TAMPA FL 33617  | Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP |  | - Address-                  | ☐ Change     | Addition                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D<br>BALDREE, DAVID<br>12706 N 57TH ST.  | Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP | i in   |                             | 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:** 

TITALIS QUI BEADBOYD

T/D

5-17-03

A HaChmen4

90137-375 #-N06947

Division of Corporations
Uniform Business Report Filings
P.O.Box 1500
Tallahassee, FL 32302-1500

May 17,2003

To Whom It May Concern:

I called the above office on April 29,2003 to inquire what the Penalty would cost if we didnot file by May 1st. I was told no Penalty, if we were Non-Profit Corp. Also we need to have another meeting, as we did not have a Quorum at the last meeting. If we decide to elect more for the Board, we understand that we must pay \$61.25 each time.

This is the first time in 16 years, we have been late!!!

Sincerely,

OAK KNOLL CONDOMINIUM ASSOCIATION, INC.

by

Bea Boyd, Treas, Director