2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08081

1. Entity Name

THE PINES OF OAKLAND FOREST WEST CONDOMINIUM ASS

FILED
Aug 16, 2000 8:00 am
Secretary of State
08-16-2000 90007 002 ****61.25

Principal Place of Business	Mailing Address
PINES OF OAKLAND FORREST WEST 3082 S OAKLAND FR DR 1 OFFICE OAKLAND PARK FL 33309	PINES OF OAKLAND FORREST WEST 3082 S OAKLAND FR DR 1 OFFICE OAKLAND PARK FL 33309

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2527669 ☐ Applied For ☐ Not Applicable

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
KIRCHER, ANN 3082 S OAKLAND DR OFFICE OAKLAND PARK FL 33309	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 _____
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
After September 13, 2000 min. will be $236.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HUGO, JEFF 3098 S OAKLAND PARK DR 1503 OAKLAND PARK FL 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOSEPH TUFANO 3090 S. OAKLAND FOREST DR. # 1903 OAKLAND PARK FL. 33309	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WORKS, MEG (neG) 3040 S. OAKLAND PARK DR OAKLAND PARK FL 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEN LEIBOWITZ 3040 S OAKLAND FOREST DR #2602 OAKLAND ~~PARK~~ PARK FL 33309	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CLARK, DUAN 3056 S OAKLAND FOREST DR 2305 OAKLAND PARK FL 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EDNEY, ADOFPHIS 3094 S OAKLAND FOREST DR 1706 OAKLAND PARK FL 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPINA, JOE 3050 S OAKLAND FOREST DRIVE #2004 OAKLAND PARK FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BERG, DENISE 3050 S OAKLAND FOREST DRIVE #2003 FT LAUDERDALE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/00)

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: ANN KIRCHER _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #