

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90011 035 ****61.25

DOCUMENT # N11904

1. Entity Name

OAKLEY GREENE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1801 GLENGARY ST
 SARASOTA FL 34231-0603**

**1801 GLENGARY ST
 SARASOTA FL 34231-0603**

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

59-2635095

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

**PAMI MANAGEMENT, INCORPORATED
 4983 RINGWOOD MEADOW
 SARASOTA FL 34235**

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

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 **VD** ☒ Delete
 NAME **DUFFEY, KAREN H.**
 STREET ADDRESS **3917 OAKLEY GREENE**
 CITY-ST-ZIP **SARASOTA FL 34235**

TITLE **SD** ☐ Change ☒ Addition
 NAME **RUSSELL, DONALD**
 STREET ADDRESS **4032 OAKLEY GREENE**
 CITY-ST-ZIP **SARASOTA, FL 34235**

TITLE **VD** ☐ Delete
 NAME **RANEY, EUGENE H DR**
 STREET ADDRESS **4464 OAKLEY GREENE**
 CITY-ST-ZIP **SARASOTA FL 34235**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **HOLUB, JEROME F JR**
 STREET ADDRESS **4033 OAKLEY GREENE**
 CITY-ST-ZIP **SARASOTA FL 34235**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☒ Delete
 NAME **COVENEY, JOSEPH F.**
 STREET ADDRESS **4501 OAKLEY GREENE**
 CITY-ST-ZIP **SARASOTA FL 34235**

TITLE **PD** ☐ Change ☒ Addition
 NAME **HOLUB, JEROME F. JR.**
 STREET ADDRESS **4033 OAKLEY GREENE**
 CITY-ST-ZIP **SARASOTA, FL 34235**

TITLE **TD** ☒ Delete
 NAME **KNAUSS, WILLIAM D MR**
 STREET ADDRESS **3946 OAKLEY GREENE**
 CITY-ST-ZIP **SARASOTA FL 34235**

TITLE **TD** ☐ Change ☒ Addition
 NAME **COME, DONALD R.**
 STREET ADDRESS **4040 OAKLEY GREENE**
 CITY-ST-ZIP **SARASOTA, FL 34235**

TITLE **AT** ☒ Delete
 NAME **CLARK, PAUL R JR.**
 STREET ADDRESS **1801 GLENGARY ST.**
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **D** ☐ Change ☒ Addition
 NAME **BREWSTER, BRUCE**
 STREET ADDRESS **4468 OAKLEY GREENE**
 CITY-ST-ZIP **SARASOTA, FL 34235**

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)