

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90067 005 \*\*\*\*61.25

**DOCUMENT # N12566**

1. Entity Name

**OAKS II HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

16 CHURCH STREET  
 OSPREY F 34229  
 US

16 CHURCH STREET  
 OSPREY FL 34229-9349  
 US

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

**59-2792601**

Applied For

Not Applicable

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

JOHNSON, GARY  
 OAKS II HOA, INC  
 16 CHURCH ST  
 OSPREY FL 34229

Name **RON ROTHMAN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**Oaks II HOA Inc.**  
**16 Church St.**  
 City **Osprey** FL Zip Code **34229**

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]*

*President*

*4/14/00*

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	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, GARY	
STREET ADDRESS	1741 MAIN ST. STE. 101	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RIVOLTA, PIERRO	
STREET ADDRESS	1741 MAIN ST. STE. 101	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHUELZINGER, MONICA	
STREET ADDRESS	1741 MAIN ST. STE. 101	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROFAZI, FREDERICK	
STREET ADDRESS	439 E MACEWEN DR	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	KEITH, LLOYD	
STREET ADDRESS	16 CHURCH ST.	
CITY-ST-ZIP	OSPREY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROFAZI, Fred	
STREET ADDRESS	439 E. MacEwen Dr.	
CITY-ST-ZIP	Osprey, FL 34229	
TITLE	D VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rothman, Ron	
STREET ADDRESS	452 E. MacEwen Dr.	
CITY-ST-ZIP	Osprey, FL 34229	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAIKS, Lawrence	
STREET ADDRESS	890 MacEwen Dr.	
CITY-ST-ZIP	Osprey, FL 34229	
TITLE	D VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barock, Jerome	
STREET ADDRESS	472 EAST MacEwen Dr.	
CITY-ST-ZIP	Sarasota 34229	
TITLE	D S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOBIAS, SANDRA	
STREET ADDRESS	214 ST. James Park	
CITY-ST-ZIP	Osprey, FL 34229	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/14/00*

Date

Daytime Phone #

CR2E037 (9/99)