

FILED
May 12, 2000 8:00 am
Secretary of State

03-04-2000 90118 022 ****61.25

DOCUMENT # N18466

1. Entity Name

OAK KNOLL II AT PINE ISLAND RIDGE HOMEOWNERS ASS

Principal Place of Business

Mailing Address

8930 STATE ROAD 84, P.O. BOX 221
 DAVIE FL 33324

8930 STATE ROAD 84, P.O. BOX 221
 DAVIE FL 33324-4456

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0039075

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

INKLEBARGER, JAMES W
2321 S.W. 98TH TERRACE
FT. LAUDERDALE FL 33324

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

[Handwritten Signature]

Signature typed or printed name of registered agent and state, applicable

(NOTE: Registered Agent signature required when reinstating)

2/29/2000

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	INKLEBARGER, JAMES	2321 S.W. 98TH TERRACE	FT. LAUDERDALE FL 33324	<input type="checkbox"/>	<input type="checkbox"/>
VD	MILLER, CHARLES	2130 SW 47TH ROAD	FT. LAUDERDALE FL 33324	<input type="checkbox"/>	<input type="checkbox"/>
STD	GONSALVES, JANE	9910 S.W. 23RD STREET	FT. LAUDERDALE FL 33324	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (9/99)

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature] *2/29/2000* *475 8855*