

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

FILED
Jul 10, 2003 8:00 am
Secretary of State

07-10-2003 90118 026 ****61.25

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DOCUMENT # N18466

1. Entity Name

OAK KNOLL II AT PINE ISLAND RIDGE HOMEOWNERS ASSOCIATION, INC.



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

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 **65-0039075**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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 10, 2003, min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	INKLEBARGER, JAMES	
STREET ADDRESS	2321 S.W. 98TH TERRACE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33324	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	COHEN, DENNIS	
STREET ADDRESS	9921 SW 23 ST	
CITY-ST-ZIP	FT. LAUDERDALE FL 33324	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GONSALVES, JANE	
STREET ADDRESS	9910 S.W. 23RD STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33324	
TITLE	VD	<input type="checkbox"/> Delete
NAME	Trene Brasington	
STREET ADDRESS	2231 SW 98 Ter	<input checked="" type="checkbox"/> ADD
CITY-ST-ZIP	Ft. Lauderdale, Fl 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(Signature) **JAMES W INKLEBARGER** **7-7-03** **954 475 8855**

CR2E037 (4/03)