

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50364

1. Entity Name

THE OAKS AT ROCKLEDGE COUNTRY CLUB CONDOMINIUM ASSOCIATION, INC.

FILED

02 FEB 20 AM 9:01

FLORIDA DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

Principal Place of Business

912 HIALEAH ST.
ROCKLEDGE FL 32953-6109
US

Mailing Address

912 HIALEAH ST.
ROCKLEDGE FL 32953-6109
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3152827**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**MOSLEY, CURTIS R.
1221 EAST NEW HAVEN AVE.
MELBOURNE FL 32901**

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

LS

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	<input type="checkbox"/> Delete
DP	KIRSNER, HYMAN	750 N. ATLANTIC AVE.	COCOA BEACH FL	<input type="checkbox"/>
DST	KIRSNER, IDA	750 N. ATLANTIC AVE. PH #6	COCOA BEACH FL	<input type="checkbox"/>
DVP	KIRSNER, STEVEN	912 HIALEAH ST.	ROCKLEDGE FL 32955-6109	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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"/>

000005081610
-03/11/02--01076--037
*****61.25 *****61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 6, 2002 (321)639-1388

Date

Daytime Phone #

0014746

CR20037(9/01)