

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

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90204 005 ****61.25

DOCUMENT # 753961

1. Entity Name

OAK PATHS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**OAK PATH CONDO ASSOC.
7556 STIRLING RD #226
HOLLYWOOD FL 33024**

Mailing Address

**OAK PATH CONDO ASSOC.
7556 STIRLING RD #226
HOLLYWOOD FL 33024**

70010386



☐ CHECK HERE IF MAKING CHANGES

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 **59-2190383**

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

**SULLIVAN, PATRICIA
7554 STIRLING RD #105
HOLLYWOOD FL 33024**

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

Patricia Sullivan

*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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LUCIA, THOMAS	
STREET ADDRESS	7552 STIRLING RD #211	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MANNETTA, SUZANNE	
STREET ADDRESS	7554 STIRLING RD. #102	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SULLIVAN, PAT	
STREET ADDRESS	7554 STIRLING ROAD #105	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CREASE, JEAN	
STREET ADDRESS	7556 STIRLING RD #121	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SQUICCIARINI, ALFRED	
STREET ADDRESS	7556 STIRLING ROAD #118	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Esposito, Thomas Tom	
STREET ADDRESS	7554 STIRLING RD #103	
CITY-ST-ZIP	HOLLYWOOD, FL 33024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

Patricia Sullivan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)