2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
04-24-2001 90302 044 ****70.00

DOCUMENT # 748342

1. Entity Name

OAK BRIDGE RUN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7628 N. 56TH STREET STE 8 TAMPA FL 33617 US	7628 N. 56TH STREET STE 8 TAMPA FL 33617 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
16105 N. FLORIDA	16105 N. FLORIDA
Suite, Apt. #, etc.: SUITE A	Suite, Apt. #, etc.: SUITE A
City & State: LUTZ FL	City & State: LUTZ FL
Zip: 33549 Country:	Zip: 33549 Country:

4. FEI Number 59-2022238 ☐ 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
SPIVEY, WILLIAM 7628 N. 56TH STREET SUITE 8 TAMPA FL 33617	Name Street Address (P.O. Box Number is Not Acceptable): 16105 N. FLORIDA SUITE A City: LUTZ **FL** Zip Code: 33549

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

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	SD VOLKERT, CHAD 12425 TOUCHTON DR, #78 TAMPA FL 33617	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MERNDON, DENISE 5641 ASHLEY OAKS DR #35 TAMPA FL 33617	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DAWN WALLACE 12434 N. 58TH ST #71 TAMPA FL 33617	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OAKLEY, JIM 5626 ASHLEY OAKS DR #27 TAMPA FL 33617	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SANTIAGO, MARY 12414 N 56TH STREET, #65 TAMPA FL 33617	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CUELLAR, JOE 5602 ASHLEY OAKS DRIVE 16 TAMPA FL 33617	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABRAHAM GOMEZ 5601 ASHLEY OAKS DR #7 TAMPA FL 33617	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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 Chad M. Volkert Chad M Volkert 4/17/01 (813) 988-4297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #