

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750250 *R*

1. Entity Name

OAKHURST CONDOMINIUM ASSOCIATION, INC.

FILED
Jun 27, 2000 8:00 am
Secretary of State

06-27-2000 90002 044 ****61.25

Principal Place of Business

Mailing Address

4255 OAKHURST CIRCLE EAST
SARASOTA FL 34233

4255 OAKHURST CIRCLE EAST
SARASOTA FL 34233-1420

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2093754

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

BECKER & POLIAKOFF
630 S. ORANGE AVENUE
THIRD FLOOR
SARASOTA FL 33578

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

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	P	<input type="checkbox"/> Delete
NAME	FULLER, RICHARD	
STREET ADDRESS	4021 OAKHURST DR.	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JETTE, ROBERT	
STREET ADDRESS	3911 OAKHURST BLVD	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROLAND, HILDE	
STREET ADDRESS	3932 OAKHURST BLVD	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MACLEOD, V	
STREET ADDRESS	4059 OAKHURST DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DD	<input checked="" type="checkbox"/> Delete
NAME	MINOR, GINNY	
STREET ADDRESS	4079 OAKHURST DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	OLSEN, G	
STREET ADDRESS	4282 OAKHURST CIR E	
CITY-ST-ZIP	SARASOTA FL	

TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DON FRAWLEY	
STREET ADDRESS	4295 OAKHURST CIRCLE EAST	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTHA MALLET	
STREET ADDRESS	3999 OAKHURST BLVD	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SID DEUTSCH	
STREET ADDRESS	3967 OAKHURST BLVD	
CITY-ST-ZIP	SARASOTA, FL 34233	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LLOYD DOWNING	
STREET ADDRESS	3941 OAKHURST BLVD	
CITY-ST-ZIP	SARASOTA, FL 34233	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VIRGINIA HAYDON	
STREET ADDRESS	4211 OAKHURST CIRCLE EAST	
CITY-ST-ZIP	SARASOTA, FL 34233	
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:

Richard Fuller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT (941) 377-4300

Date

Daytime Phone #