

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90026 003 ****61.25

DOCUMENT # 750311

1. Entity Name

OAKMONT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O MIKE MANGURIAN
5970 N.E. 18TH AVE. #711
FT. LAUDERDALE FL 33308

C/O MIKE MANGURIAN
5970 N.E. 18TH AVE. #711
FT. LAUDERDALE FL 33334-5997

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

84-0611917

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MANGURIAN, MIKE
5970 N.E. 18TH AVE.
SUITE 711
FT. LAUDERDALE FL 33334

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 ☐ Delete

NAME MANGURIAN, PIERCE

STREET ADDRESS ~~PO BOX 1146~~

CITY-ST-ZIP ~~KERRVILLE TX 78028~~

TITLE ☐ Delete

NAME MANGURIAN, MICHAEL

STREET ADDRESS ~~5970 NE 18TH AVE 711~~

CITY-ST-ZIP ~~FT LAUDERDALE FL~~

TITLE ☐ Delete

NAME SCHNEK, JOHN

STREET ADDRESS 302 8TH STREET, SUITE 310

CITY-ST-ZIP GLENWOOD SPRINGS CO

TITLE ☐ Delete

NAME MANGURIAN, DONNA

STREET ADDRESS ~~5970 NE 18TH AVE 711~~

CITY-ST-ZIP ~~FT LAUDERDALE FL~~

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

P.O. Box 3520
Pagosa Springs, CO. 81147

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

P.O. Box 10307
Pompano Beach, FL 33061

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

P.O. Box 10307
Pompano Beach, FL. 33061

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Mike Mangurian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-00

Date

772-8686

Daytime Phone #