

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753377

1. Entity Name

OAK RIDGE ESTATES PROPERTY OWNERS' ASSOCIATION,

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90013 050 \*\*\*\*61.25

Principal Place of Business

9300 S DADE LAN D BLVD  
SUITE 414  
MIAMI FL 33156

Mailing Address

9300 S DADE LAN D BLVD  
SUITE 414  
MIAMI FL 33156

2. Principal Place of Business

10691 N. Kendall Dr.  
Suite, Apt. #, etc.  
#108.

3. Mailing Address

10691 N. Kendall Dr.  
Suite, Apt. #, etc.  
#108

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0024421

Applied For

Not Applicable

Zip

33176

Country

USA

Zip

33176

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STECHMANN, ROBERT A.  
9300 S DADELAND BLVD  
SUITE 414  
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

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

10691 N. Kendall Dr. #108.

MIAMI, FL

City

FL

Zip Code

33176

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

TITLE PD  
NAME STECHMANN, ROBERT A.  
STREET ADDRESS 9300 S. DADELAND BLVD.  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE D  
NAME GONZALEZ, DAGOBERTO  
STREET ADDRESS 9300 S. DADELAND BLVD.  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE D  
NAME GARCIA, IRMA  
STREET ADDRESS 9300 S. DADELAND BLVD  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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: Robert A. Stechmann  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01 (305) 5986257  
Date Daytime Phone #

CR2E037 (10/00)

0091801