

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90007 044 ****61.25

DOCUMENT # 759490

1. Entity Name

THE LOFTS OF OAKLAND FOREST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**2800 S. OAKLAND FOREST DRIVE
 #2305
 OAKLAND PARK FL 33309**

Mailing Address

**2800 S. OAKLAND FOREST DRIVE
 #2305
 OAKLAND PARK FL 33309**

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

59-2269244

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ZIPPAY, CATHERINE W E
 1401 UNIVERSITY DR
 STE 301
 CORAL SPRINGS FL 33071-3039**

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT DWORTZAN, ALAN 2840 SO OAKLAND FOREST DR #2601 OAKLAND PARK FL 33309 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SUMMERS, MICHAEL 2840 SO OAKLAND FOREST DR #2901 OAKLAND PARK FL 33309 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEHRG, CHARLIE 2840 SO OAKLAND FOREST DR #2700 OAKLAND PARK FL 33309 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALERMO, BOB 2840 SO OAKLAND FOREST DR #2906 OAKLAND PARK FL 33309 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REISSNER, FRED 2840 SO OAKLAND FOREST DR #2402 OAKLAND PARK FL 33309 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELDON, STEVE 2840 SO OAKLAND FOREST DR #2401 OAKLAND PARK FL 33309 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DWORTZAN, ALAN 2840 S. OAKLAND FOREST DR #2601 OAKLAND PARK, FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEHRE, CHARLIE 2840 S. OAKLAND FOREST DR. #2704 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REISSNER, FRED 2840 S. OAKLAND FOREST DR. #2402 OAKLAND PK, FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEHRENDT, ALBERT 2840 S. OAKLAND FOREST DR #2602 OAKLAND PK, FL 33309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)