

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762127

1. Entity Name

OAKLAND HILLS APARTMENTS ASSOCIATION, INC.

Principal Place of Business

2857 N.E. 32 STREET  
FT LAUDERDALE FL 33306

Mailing Address

2857 N.E. 32 STREET  
FT LAUDERDALE FL 33306

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

59-1448339

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

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<br>NAME  | P<br>EBERT, JOHN R     | <input type="checkbox"/> Delete            |
| STREET ADDRESS | 2857 NE 32ND ST #26    |                                            |
| CITY-ST-ZIP    | FT LAUDERDALE FL 33306 |                                            |
| TITLE<br>NAME  | VPD<br>FLAHERTY, DAWN  | <input type="checkbox"/> Delete            |
| STREET ADDRESS | 2857 NE 32ND ST #22    |                                            |
| CITY-ST-ZIP    | FT LAUDERDALE FL 33306 |                                            |
| TITLE<br>NAME  | SD<br>MOORE, KARI      | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 2857 NE 32ND ST        |                                            |
| CITY-ST-ZIP    | FT LAUDERDALE FL 33306 |                                            |
| TITLE<br>NAME  | TD<br>MATHEW, MYRESS M | <input type="checkbox"/> Delete            |
| STREET ADDRESS | 2857 N.E. 32 STREET    |                                            |
| CITY-ST-ZIP    | FT LAUDERDALE FL 33306 |                                            |
| TITLE<br>NAME  | D<br>SICK, JEFFERY     | <input type="checkbox"/> Delete            |
| STREET ADDRESS | 2632 NE 1ST AVE        |                                            |
| CITY-ST-ZIP    | WILTON MAHOR FL 33334  |                                            |
| TITLE<br>NAME  |                        | <input type="checkbox"/> Delete            |
| STREET ADDRESS |                        |                                            |
| CITY-ST-ZIP    |                        |                                            |

|                |                         |                                                                              |
|----------------|-------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME  | P<br>EBERT, JOHN R      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS | 2857 NE 32 ST #26       |                                                                              |
| CITY-ST-ZIP    | FT LAUDERDALE, FL 33306 |                                                                              |
| TITLE<br>NAME  | SD<br>FLAHERTY, DAWN    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 2857 NE 32 ST #22       |                                                                              |
| CITY-ST-ZIP    | FT LAUDERDALE, FL 33306 |                                                                              |
| TITLE<br>NAME  | D<br>BENBOW, DAWN       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS | 2857 NE 32 ST #23       |                                                                              |
| CITY-ST-ZIP    | FT LAUDERDALE, FL 33306 |                                                                              |
| TITLE<br>NAME  | TD<br>MATHEW, MYRESS M  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS | 2857 NE 32 ST #1        |                                                                              |
| CITY-ST-ZIP    | FT LAUDERDALE, FL 33306 |                                                                              |
| TITLE<br>NAME  | D<br>SICK, JEFFERY      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS | 2632 NE 1st Ave.        |                                                                              |
| CITY-ST-ZIP    | WILTON MANOR, FL 33304  |                                                                              |
| TITLE<br>NAME  |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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:

*Matthew Myress M*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-2002 954-568-2621

Date

Daytime Phone #

FILED  
Apr 30, 2002 8:00 am  
Secretary of State

04-30-2002 90163 009 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)