

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762997

1. Entity Name

OAKLAND OAKS ASSOCIATION, INC.

Principal Place of Business

18781 LENAIRE DRIVE
MIAMI FL 33157

Mailing Address

18781 LENAIRE DRIVE
MIAMI FL 33157

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 59-2414074

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TEGZES, FRANCINE
8207 SW 124TH STREET
MIAMI FL 33156

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
After September 12, 2001, min. will be \$236.25

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 PDV
STREET ADDRESS PALMER, MICHAEL
CITY-ST-ZIP 158 N.E. 41 STREET, SUITE 9
MIAMI FL 33137 ☐ Delete

TITLE
NAME STD
STREET ADDRESS MOLINA, EDWIN
CITY-ST-ZIP 3440 N.E. 16TH AVENUE
FORT LAUDERDALE FL 33334 ☐ Delete

TITLE
NAME D
STREET ADDRESS TEGZES, FRANCINE
CITY-ST-ZIP 18781 LENAIRE DRIVE
MIAMI FL 33157 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME STD
STREET ADDRESS ANN BRUNING
CITY-ST-ZIP 3440 NE 16 AVE
FT LAUDERDALE FLA 33334 ☒ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Michael Palmer* (Pres) *Michael Palmer*

2/14/01 305 7936904

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90004 024 ****70.00

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DO NOT WRITE IN THIS SPACE

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