

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004500

1. Entity Name

OCEAN OASIS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

4900 S. OCEAN DRIVE
FORT PIERCE FL 34949

Mailing Address

4900 S. OCEAN DRIVE
FORT PIERCE FL 34949

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

65-1113882

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 NAME STREET ADDRESS CITY-ST-ZIP	D BERKEY, JON H 40700 WOODWARD AVENUE #220 BLOOMFIELD HILLS MI 48304 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASSETT, JOSEPH S M.D. 40700 WOODWARD AVENUE #220 BLOOMFIELD HILLS MI 48304 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D A. JOSEPH HOSKI, M.D. 40700 WOODWARD AVENUE #220 BLOOMFIELD HILLS MI 48304 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANDRAKANT C. KAPDI, M.D. 40700 Woodward Avenue, Suite A Bloomfield Hills, MI 48304 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BASSETT, JOSEPH S M.D. 40700 Woodward Avenue, Suite A Bloomfield Hills, MI 48304 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A. JOSEPH HOSKI, M.D. 40700 Woodward Avenue, Suite A Bloomfield Hills, MI 48304 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTHONY A. YEZBICK 40700 Woodward Avenue, Suite A Bloomfield Hills, MI 48304 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

ANTHONY A. YEZBICK

Date

Daytime Phone #

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90116 016 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)