

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90041 050 \*\*\*\*61.25

DOCUMENT # N 000000004908 ✓

1. Entity Name

OAK TREE PLAZA ASSOCIATION, INC.

Principal Place of Business

Mailing Address C/O PROPROPERTY MGMT.

Oaktree Plaza Association, Inc. 2176 W. OAKLAND PK BLVD.  
 4700 W. PROSPECT ROAD, # 102 FT. LAUDERDALE, FL 33311  
 Ft. Lauderdale, FL 33301-8001

2. Principal Place of Business

Oaktree Plaza Association, Inc.

3. Mailing Address C/O PROPROPERTY MGMT.

MGMT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4700 W. PROSPECT ROAD # 102 2176 W. OAKLAND PK BLVD.

City & State

City & State

Ft. Lauderdale, FL Ft. Lauderdale, FL

Zip

Country

Zip

Country

33301-8001 USA 33311 USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALDES-FAULI CORP SERVICES, INC.  
 500 EAST BROWARD BLVD.  
 SUITE 1400  
 FT. LAUDERDALE, FL 33394

Name PROPROPERTY MGMT, INC.

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

2176 W. OAKLAND PARK BLVD.

City

FL

Zip Code

33311

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

2/01/01

**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 President, DIRECTOR ☐ Delete  
 NAME JOHN McCarthy  
 STREET ADDRESS 9939 NW 65th Court  
 CITY-ST-ZIP Tamarac, FL 33321

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

TITLE Vice President ☐ Delete  
 NAME RON ENGLE  
 STREET ADDRESS 4700 PROSPECT RD SUITE 105  
 CITY-ST-ZIP FT. LAUDERDALE, FL

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

TITLE SECRETARY, TREASURER ☐ Delete  
 NAME DANIEL W. BARTON  
 STREET ADDRESS 2176 W. OAKLAND PARK BLVD.  
 CITY-ST-ZIP FT. LAUDERDALE, FL 33311

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

TITLE DIRECTOR ☐ Delete  
 NAME ROSE FLAVIN  
 STREET ADDRESS 3270 SEWARD DR  
 CITY-ST-ZIP POMPANO BCH, FL 33062

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

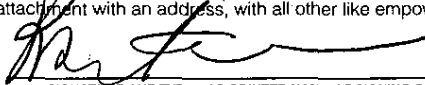
TITLE DIRECTOR ☐ Delete  
 NAME MATTHEW DANDREA  
 STREET ADDRESS 2700 OAK TREE CIRCLE  
 CITY-ST-ZIP OAKLAND PARK, FL 33309

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

TITLE ☐ Delete  
 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:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/01/01 954-733-3100  
 Date Daytime Phone #

CR2E037 (11/00)