2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # N04469 Apr 12, 2000 8:00 am Secretary of State 1. Entity Name OAKWOOD ON THE GREEN ASSOCIATION. INC. 04-12-2000 90081 003 ****61.25 Principal Place of Business Mailing Address 3200 UNIVERSITY DR. -PO BOX 8726 CORAL SPRINGS FL 33075-8726 SUITE 210 CORAL SPRINGS FL 33065 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2684289 Not Applicable Zip Country Zip Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) HUBERMAN, MARSHA 9849 RIVERSIDE DRIVE **CORAL SPRINGS FL 33071** City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. ☐ Delete ☐ Addition TITLE D TITLE LICATA, VINCENTE NAME NAME STREET ADDRESS 9779 RIVERSIDE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 Change Addition TITLE Delete TITLE NORMAN, KEN 9781 RIVERSIPE DRIVE GREENBERG, MARK NAME NAME STREET ADDRESS STREET ADDRESS RIVERSIDE DRIVE 330.7 CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL ☐ Addition **Change** TITLE -VD:~~≂ Delete TITLE MAGOLNICK, AL NAME NAME STREET ADDRESS 9841 RIVERSIDE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL** TITLE ☐ Delete ☐ Change ■ Addition HUBERMAN, MARSHA NAME STREET ADDRESS STREET ADDRESS 9849 RIVERSIDE DRIVE CITY-ST-ZIP CORAL SPRINGS FL CITY-ST-ZIP ☐ Delete THUE ٧D Change ☐ Addition TITLE WHITE, LORRAINE NAME NAME 9817 RIVERSIDE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRGS FL Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 vittan address, with all other like empowered.