

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-18-2001 91237 032 ****61.25

DOCUMENT # N04469

1. Entity Name

OAKWOOD ON THE GREEN ASSOCIATION, INC.

Principal Place of Business

953 University Drive
9200 UNIVERSITY DR.
SUITE 210
CORAL SPRINGS FL 33071
US

Mailing Address

PO BOX 8726
CORAL SPRINGS FL 33075-8726
US

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

59-2684289

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

HUBERMAN, MARSHA
9849 RIVERSIDE DRIVE
CORAL SPRINGS FL 33071

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 **D** ☐ Delete
 NAME **LICATA, VINCENTE**
 STREET ADDRESS **9779 RIVERSIDE DRIVE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

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

TITLE **SD** ☐ Delete
 NAME **NORMAN, KEN**
 STREET ADDRESS **9781 RIVERSIDE DRIVE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

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

TITLE **PD** ☐ Delete
 NAME **MAGOLNICK, AL**
 STREET ADDRESS **9841 RIVERSIDE DRIVE**
 CITY-ST-ZIP **CORAL SPRINGS FL**

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

TITLE **TD** ☐ Delete
 NAME **HUBERMAN, MARSHA**
 STREET ADDRESS **9849 RIVERSIDE DRIVE**
 CITY-ST-ZIP **CORAL SPRINGS FL**

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

TITLE **VD** ☐ Delete
 NAME **WHITE, LORRAINE**
 STREET ADDRESS **9817 RIVERSIDE DR**
 CITY-ST-ZIP **CORAL SPRGS FL**

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 REQUIRED

4-17-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deafline Phone #

CR2E037 (10/00)