

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # N15346

1. Entity Name

OAKWOOD CONDOMINIUM ASSOCIATION, INC. OF CHARLOT

FILED
May 19, 2000 8:00 am
Secretary of State

04-07-2000 90068 050 ****61.25

Principal Place of Business

6699 SAN CASA DR.
0-1
ENGLEWOOD FL 34224
US

Mailing Address

P.O. BOX 216
ENGLEWOOD FL 34295-0216
US

2. Principal Place of Business

3. Mailing Address

895 SO INDIANA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ENGLEWOOD

Zip

Country

Zip

Country

FL 34223

6. Name and Address of Current Registered Agent

TISEO, ALEX
20101 PEACHLAND BLVD.
UNIT 208
PORT CHARLOTTE FL 33954

7. Name and Address of New Registered Agent

Name

TISEO JOSEPH

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

20101 PEACHLAND BLVD #201

City

PORT CHARLOTTE FL

FL

Zip Code

33954

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

TITLE SD
NAME MARTINS, CARLOS
STREET ADDRESS 1219 TOWNLINE RD.
CITY-ST-ZIP NESCONSET NY ☒ Delete

TITLE TD/SD
NAME TISEO, JOSEPH
STREET ADDRESS 20101 PEACHLAND BLVD., #208
CITY-ST-ZIP PORT CHARLOTTE FL ☒ Delete

TITLE PD
NAME SMITH, MARGARET
STREET ADDRESS 200 SHIPLEY ST.
CITY-ST-ZIP COOKSVILLE TN ☒ 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 PD
NAME MARTINS CARLOS
STREET ADDRESS 1219 TOWNLINE RD.
CITY-ST-ZIP NESCONSET NY ☒ Change ☐ Addition

TITLE TD/SD
NAME TISEO JOSEPH
STREET ADDRESS 20101 PEACHLAND BLVD #208 #201
CITY-ST-ZIP PORT CHARLOTTE FL ☒ Change ☐ Addition

TITLE PD
NAME KESSLER CAROL
STREET ADDRESS 84 BRAWER RD
CITY-ST-ZIP NEWBURGH NY 12550 ☒ 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:

~~SIGNATURE REQUIRED~~ Joseph tiseo

3/28/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)