FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Mar 20, 2002 8:00 am DOCUMENT # N15346 1. Entity Name **Secretary of State** OAKWOOD CONDOMINIUM ASSOCIATION, INC. OF CHARLOT 03-20-2002 90053 023 ****61.25 TE COUNTY. Principal Place of Business Mailing Address 1460 S MCCALL RD 1460 S MCCALL RD SUITE 4E SUITE 4E ENGLEWOOD FL 34223 **ENGLEWOOD FL 34223** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0122241 Not Applicable Country Zip 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 Box Number is Not Acceptable SOUTH BAY PROPERTY MGMT INC 1460 S MCCADE RD SUITE 4E/ **ENGLEWOOD FL 34223** 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 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KIMBALL, NANCY NAME STREET ADDRESS 2275 MCCALL RD UNIT 104 STREET ADDRESS CITY-ST-ZIP **ENGLEWOOD FL 34224** CITY-ST-7IP TITLE TITLE Change ☐ Addition Delete NAME BURCHARD, BARBARA NAME STREET ADDRESS 2275 MCCALL RD UNIT103 STREET ADDRESS CITY-ST-ZIP* CITY-ST-ZIP ENGLEWOOD FL 34224 TITLE ☐ Delete Addition PREHN, GEORGE NAME NAME STREET ADDRESS 2275 MCCALL RD UNIT 106 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD FL 34224 TITLE n Delete TITLE ☐ Addition Change KESSLER, CAROL NAME STREET ADDRESS STREET ADDRESS 2275 MCCALL RD UNIT 203 CITY-ST-ZIP CITY-ST-7IP ENGLEWOOD FL 34-2243 Donna Guill TD Addition 2275 McCall Rd, unit 204 Englewood, FL. 34224 TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.