

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N23222**

1. Entity Name

OAKBAY CONDOMINIUM OWNERS' ASSOCIATION, INC.

Principal Place of Business

2810 NE 30TH ST
FORT LAUDERDALE FL 33306

Mailing Address

2810 NE 30TH ST
FORT LAUDERDALE FL 33306-1996

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0041526

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SULLIVAN, MICHAEL K.
MERKLE, BRIGHT & SULLIVAN
110 E. ATLANTIC AVENUE
DELRAY BEACH FL 33444**

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 ☐ Delete
NAME **PD DENARDO, VITO**
STREET ADDRESS **2810 NE 30TH ST UNIT B**
CITY-ST-ZIP **FT. LAUDERDALE FL 33306**

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

TITLE ☒ Delete
NAME **VD ROYNER, ALAN**
STREET ADDRESS **2810 NE 30TH ST UNIT C**
CITY-ST-ZIP **FT. LAUDERDALE FL 33306**

TITLE ☒ Change ☒ Addition
NAME **VD HALL, PETER**
STREET ADDRESS **2810 NE 30TH ST. UNIT E**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33306**

TITLE ☐ Delete
NAME **STD HAPP, CAROL**
STREET ADDRESS **2810 NE 30 STREET, UNIT A**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**> SAME
ADD ZIP 33306**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/00

Date

(954) 566-0142

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE