

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000596

1. Entity Name

OAK FOREST HOMEOWNERS ASSOCIATION OF NORTH MIAMI BEACH, INC.

Principal Place of Business

2035 N.E. 201 TERRACE
N. MIAMI BEACH FL 33179

Mailing Address

2035 N.E. 201 TERRACE
N. MIAMI BEACH FL 33179

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

65-0558170

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GORDON, HOWARD W
2035 N.E. 201 TERRACE
N. MIAMI BEACH FL 33179

7. Name and Address of New Registered Agent

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

TITLE D ☐ Delete
NAME HIGER, MICHAEL
STREET ADDRESS 2035 N.E. 201 TERRACE
CITY-ST-ZIP N. MIAMI BEACH FL 33179

TITLE PD ☐ Delete
NAME SELMAN, LEE
STREET ADDRESS 2125 NE 201 STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

TITLE T ☐ Delete
NAME FRANKEL, DIANE
STREET ADDRESS 20030 NE AVE
CITY-ST-ZIP N. MIAMI BEACH FL 33179

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
NAME Feldman, Lee
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME S-T
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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 of Michael Higer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

23 JAN 2002

305-789-9233

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90018 048 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)