

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90082 005 \*\*\*\*61.25

**DOCUMENT # N96000002121**

1. Entity Name

**OAKBRIDGE PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1350 E. NEWPORT CENTER DRIVE STE 200  
 DEERFIELD BEACH FL 33442

961 BROKEN SOUND PRKWY  
 BOCA RATON FL 33487-3507  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0670497**

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

**COMMUNITY ASSOC. SERVICES**  
**951 BROKEN SOUND PRKWY**  
**STE 250**  
**BOCA RATON FL 33487**

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 **PD**  Delete  
 NAME **VIRGO, CHERYL**  
 STREET ADDRESS **3124 SW 50 ST**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE **PD**  Delete  
 NAME **TAYLOR, CONRAD**  
 STREET ADDRESS **3135 SW 50 ST**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE **PD**  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE **S**  Delete  
 NAME **BURNE, CAROL**  
 STREET ADDRESS **4953 SW 32 TERR**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE **SD**  Change  Addition  
 NAME **BURKE CAROL**  
 STREET ADDRESS **4953 SW 32 TERR.**  
 CITY-ST-ZIP \_\_\_\_\_

TITLE **D**  Delete  
 NAME **CASALOTTI, SUSAN**  
 STREET ADDRESS **3150 SW 50 ST**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE **TD**  Change  Addition  
 NAME **CASALOTTI, SUSAN**  
 STREET ADDRESS **3150 SW 50 ST.**  
 CITY-ST-ZIP \_\_\_\_\_

TITLE **TD**  Delete  
 NAME **MCLEAN, SUZANNE**  
 STREET ADDRESS **3146 SW 50 ST**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE **D**  Change  Addition  
 NAME **STEPHANIE JONES**  
 STREET ADDRESS **4961 SW 32ND TERR**  
 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/00

Date

561-994-1788

Daytime Phone #

CR2E037 (9/99)