

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 15, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90228 005 \*\*\*\*61.25

**DOCUMENT # N96000002121**

1. Entity Name

**OAKBRIDGE PROPERTY OWNERS ASSOCIATION, INC.**

*(Handwritten mark)*

Principal Place of Business

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

Mailing Address

951 BROKEN SOUND PRKWY  
 BOCA RATON FL 33487  
 US

7392

2. Principal Place of Business  
**SW 31st Avenue**

**The Continental Group, Ltd.**  
**2950 N. 28th Terrace**



DO NOT WRITE IN THIS SPACE

City & State  
**Dania, Fl. 33312**

City & State  
**Hollywood, Fl. 33020**

4. FEI Number  
**65-0670497**

Applied For  
 Not Applicable

Zip Country  
**Broward**

Zip Country  
**Broward**

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  
**Becker & Poliakoff, PA**  
 Street Address (P.O. Box Number is Not Acceptable)  
~~5201 Blue Lagoon Drive #100~~  
**3111 Stirling Road**  
 City  
**Miami Ft. Lauderdale FL** Zip Code **33126-3331**

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

*Robert Rabinstein*

(NOTE: Registered Agent signature required when reinstating)

6/7/01

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 NAME STREET ADDRESS CITY-ST-ZIP	PD TAYLOR, CONRAD 3135 SW 50 ST FORT LAUDERDALE FL 33312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BURKE, CAROL 4953 SW 32 TERR FORT LAUDERDALE FL 33312	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CASALOTTI, SUSAN 3150 SW 50 ST FORT LAUDERDALE FL 33312	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, STEPHANIE 4981 SW 32ND TERR FORT LAUDERDALE FL 33312	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael Flannery President 3120 SW 49th Street Dania, Fl. 33312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Thomas Murphy 4963 SW 32nd Avenue Dania, Fl. 33312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Patty Wagner 4933 SW 32nd Terrace Dania, Fl. 33312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Guillermo Garcia 4927 SW 31st Terrace Dania, Fl. 33312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/00)

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:** *Robert Rabinstein* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #