NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UER)

DOCUMENT # N9700000049 OAK NOB CORNER PROPERTY OWNER' ASSOCIATION INC.



## **FILED** Apr 28, 2003 8:00 am Secretary of State 04-28-2003 91838 033 \*\*\*\*70.00

			COD WE	rsi/					
	DO NOT WRITE IN	THIS SPA	<b>ICE</b>		7	VV5V968	3		
2. Principal F	Place of Business 3. N	Mailing Address							
	W. OAKLAND PARK BIVD	5 FAIRCHII	D COURT	. (					
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.			·	DO NOT WRITE !	N THIS SP	ACE	
City & State City & State		City & State			4. FEI Number			Appl	ied For
SUNRISE FLORIDA		PLAINVIEW , NY			N/A				Applicable
Zip Country		Zip Country		ĺ	5. Certificate of Sta	atus Desired :	<b>∑</b> \$8	<b>8.75</b> Additi	onat
<u> 33351</u>	<u>usa</u>	11803	USA		7. Name and Addres		A.F.		
	<u> </u>	.ee	Name	<u>'</u>	. Name and Addres	as or contain vei	gistered A	yent	
DO NOT WRITE			_Richard_LONGSTRETH						
			~Street Address (P.O. Box Number is Not Acceptable)  9978 W. OAKLAND PARK BLVD.						
7	IN THIS SPAC	E	99 F	<del>o w</del> :	- UANDAND	PARK DE	<del>∨∪.</del> -		
¥	an ang ting ting the second of		City		<del></del>	<del>-</del>		Zip Code	
			Citsuni	RISE	E		<u>FL</u>	333511	
	named entity submits this statement for the putions of registered agent.	rpose of changing its regi	stered office or re	egistere	d agent, or both, in t	he state of Florida	ı. I am fam	iliar with, and	d accept
ine obligat	illons of registered agent.							,	1
	. A. C. Obrest.					1/ 91		/	
SIGNATURE .	Skingsture typed or printed name translating front and title if	anglicable (NOTE: Reg	istered Agent signature	- romired i	uban rainetaling)	4-24-	DATE		
	FEE IS \$61.25 initial or Amended UBR	9. Election Campaid Trust Fund Contr	gn Financing		\$5.00 May Be Added to Fees			Payable to lent of Sta	
10.	OFFICERS AND DIRECTOR	RS	er og er endroden er of gri o						
TITLE	President		TIFLE -						
NAME	Joseph G. Shapiro		NAME						
STREET ADDRESS	5 Fairchild Courts		STREET ADDRESS						1
CITY-ST-ZIP	Plainview, NY 11803		CITY-ST-ZIP						
TITLE NAME	Vice-President		TITLE						
STREET ADDRESS	Richard Longstreth		NAME STREET ADDRESS						(
CITY-ST-ZIP	9978 W. Oakland Park	Blvd,	CITY ST-ZIP	4					
TITLE	Sunrise , Fl, 33315		TITLE			and the second s			ACTACON NO. AND AND
NAME	Director		NAME						
STREET ADDRESS	Tom Miko	<del>-</del>	STREET ADDRESS		···· no	NOT IA	m	_	
CITY-ST-ZIP	9960 W. Oakland Park	Blvd.	CITY-ST-ZIP		שט	NOT W	IXI I	E	
TITLE	Sunrise, FL. 33315		MLE		IN T	HIS SE	AC		
NAME	Secy-Treasurer		NAME		IIV I		AU	=	
STREET ADDRESS CITY-ST-ZIP	Leonard H. Shapiro		STREET ADDRESS CITY-ST-ZIP						
<del></del> -	5 Fairchild Court			6 (CuS) (Bus	Company of the second of the				an and and a
TITLE	Plainview, NY 11803.	- 1	TIME WAS						
NAME STREET ADDRESS	· ·	100	NAME STREET ADDRESS						
CITY-ST-ZIP		- The state of the	CITY-ST-ZIP				es es e		
TITLE			TITLE	0.00000					
NAME		*	NAME						
STREET ADDRESS		. ]	STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP			er in Territoria (Contraction of the Contraction of	ini ing pagana	daen graps graps des des	
12. Thereby c	ertify that the information supplied with this filing	or does not qualify for the	evernation stated	d in Sec	tion 119 07/3\/i) Flor	ida Statutas 1 furt	har cartify	that the info	motion

Thereby certify that the information supplied with this him does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Hurther 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

how SBLY/TRRAS

5/6-349-3200