

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91838 033 ****70.00

DOCUMENT # N97000000049

1. Entity Name OAK NOB CORNER PROPERTY OWNER'S
ASSOCIATION INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9978 W. OAKLAND PARK BLVD 5 FAIRCHILD COURT

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SUNRISE FLORIDA

City & State
PLAINVIEW, NY

4. FEI Number
N/A

Applied For
Not Applicable

Zip Country
33351 usa

Zip Country
11803 USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Richard LONGSTRETH
Street Address (P.O.-Box Number is Not Acceptable)
9978 W. OAKLAND PARK BLVD.

City Zip Code
SUNRISE FL 33351

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Richard Longstreth*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Joseph G. Shapiro 5 Fairchild Court Plainview, NY 11803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Richard Longstreth 9978 W. Oakland Park Blvd., Sunrise, Fl, 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Tom Miko 9960 W. Oakland Park Blvd. Sunrise, FL. 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secy-Treasurer Leonard H. Shapiro 5 Fairchild Court Plainview, NY 11803
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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Leonard H. Shapiro* SBCY/TREAS

4/24/03 516-349-3200