

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001536

1. Entity Name

OAKLAND PARK NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

701 BEACH CT  
FT PIERCE FL 34950

Mailing Address

701 BEACH CT  
FT PIERCE FL 34950-8504

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

65-0745560

Applied For

Not Applicable

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

BICHT, CHARLES L SR  
701 BEACH CT  
FT PIERCE FL 34950

Name

Jo Ann Molinia

Street Address (P.O. Box Number Not Acceptable)

802 FI Ave

City

Ft Pierce

FL

Zip Code

34950

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

Jo Ann Molinia President

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 SD ☐ Delete  
NAME PHILLIPS, SONJA  
STREET ADDRESS 504 S. 9TH ST.  
CITY-ST-ZIP FT. PIERCE FL 34950

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

TITLE TD ☐ Delete  
NAME BERGER, BETTY  
STREET ADDRESS 602 S 9TH  
CITY-ST-ZIP FT. PIERCE FL 34950

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

TITLE TD ☒ Delete  
NAME BERGER, BETTY  
STREET ADDRESS 602 S. 9TH ST.  
CITY-ST-ZIP FT PIERCE FL 34950

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

TITLE VD ☒ Delete  
NAME BICHT, CHARLES  
STREET ADDRESS 701 BEACH CT  
CITY-ST-ZIP FT PIERCE FL 34950

TITLE VD ☒ Change ☐ Addition  
NAME Nonthrup Beverly  
STREET ADDRESS 706 8th St  
CITY-ST-ZIP Ft. Pierce, FL 34950

TITLE PD ☒ Delete  
NAME MONTPETIT, JEFF  
STREET ADDRESS 804 DELAWARE AVE.  
CITY-ST-ZIP FT.PIERCE FL 34950

TITLE PD ☒ Change ☐ Addition  
NAME molinia JoAnn  
STREET ADDRESS 802 FI Ave  
CITY-ST-ZIP Ft. Pierce FL 34950

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:

Jo Ann Molinia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jo Ann Molinia

2/7/00

561-

489-9434

CR2E037 (9/99)