

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748342

1. Entity Name

OAK BRIDGE RUN CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90148 027 \*\*\*\*70.00

Principal Place of Business

Mailing Address

7628 N. 56TH STREET  
 STE 8  
 TAMPA FL 33617  
 US

7628 N. 56TH STREET  
 STE 8  
 TAMPA FL 33617-7732  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2022238

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

SPIVEY, WILLIAM  
 7628 N. 56TH STREET  
 SUITE 8  
 TAMPA FL 33617

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 SD ☐ Delete  
 NAME VOLKERT, CHAD  
 STREET ADDRESS 12425 TOUCHTON DR, #78  
 CITY-ST-ZIP TAMPA FL 33617

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

TITLE VD ☒ Delete  
 NAME MCGOWAN, BLAKE  
 STREET ADDRESS 5641 ASHLEY OAKS DR  
 CITY-ST-ZIP TAMPA FL 33617

TITLE TD ☐ Change ☒ Addition  
 NAME DENISE HERNDON  
 STREET ADDRESS 5641 ASHLEY OAKS DR #35  
 CITY-ST-ZIP TAMPA FL 33617

TITLE DT ☒ Delete  
 NAME MCKENZIE, DOROTHY  
 STREET ADDRESS 5601 ASHLEY OAKS DRIVE 9  
 CITY-ST-ZIP TAMPA FL 33617

TITLE D. ☐ Change ☒ Addition  
 NAME JPM OARLEY  
 STREET ADDRESS 5626 ASHLEY OAKS DR #27  
 CITY-ST-ZIP TAMPA FL 33617

TITLE DP ☐ Delete  
 NAME SANTIAGO, MARY  
 STREET ADDRESS 12414 N 56TH STREET, #65  
 CITY-ST-ZIP TAMPA FL 33617

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

TITLE D ☐ Delete  
 NAME CUELLAR, JOE  
 STREET ADDRESS 5602 ASHLEY OAKS DRIVE 16  
 CITY-ST-ZIP TAMPA FL 33617

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:

*Mary Santiago*  
 MARY SANTIAGO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-30-00 988-4088