

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90302 044 ****70.00

DOCUMENT # 748342

1. Entity Name

OAK BRIDGE RUN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

16105 N. FLORIDA

Suite, Apt. #, etc.

SUITE A

City & State

LUTZ FL

Zip

33549

Country

3. Mailing Address

16105 N. FLORIDA

Suite, Apt. #, etc.

SUITE A

City & State

LUTZ FL

Zip

33549

Country

4. FEI Number

59-2022238

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

16105 N. FLORIDA

SUITE A

City

LUTZ

FL

Zip Code

33549

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

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

TITLE: TD ☒ Delete
NAME: MERNDON, DENISE
STREET ADDRESS: 5641 ASHLEY OAKS DR #35
CITY-ST-ZIP: TAMPA FL 33617

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

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: VD ☒ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: SD ☐ Change ☒ Addition
NAME: DAWN WALLACE
STREET ADDRESS: 12434 N. 58th ST #71
CITY-ST-ZIP: TAMPA FL 33617

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

TITLE: PT ☒ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: D ☐ Change ☒ Addition
NAME: ABRAHAM GOMEZ
STREET ADDRESS: 5601 ASHLEY OAKS DR #7
CITY-ST-ZIP: TAMPA FL 33617

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chad M. Volkert 4/17/01 (813) 988-4297

Date

Daytime Phone #

CR2E037 (10/00)