

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2000 8:00 am
Secretary of State

06-27-2000 90002 044 ****61.25

DOCUMENT # 750250 *R*

1. Entity Name

OAKHURST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4255 OAKHURST CIRCLE EAST
 SARASOTA FL 34233

4255 OAKHURST CIRCLE EAST
 SARASOTA FL 34233-1420

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2093754

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

BECKER & POLIAKOFF
 630 S. ORANGE AVENUE
 THIRD FLOOR
 SARASOTA FL 33578

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 | P | <input type="checkbox"/> Delete |
| NAME | FULLER, RICHARD | |
| STREET ADDRESS | 4021 OAKHURST DR. | |
| CITY-ST-ZIP | SARASOTA FL 34233 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | JETTE, ROBERT | |
| STREET ADDRESS | 3911 OAKHURST BLVD | |
| CITY-ST-ZIP | SARASOTA FL 34233 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | ROLAND, HILDE | |
| STREET ADDRESS | 3932 OAKHURST BLVD | |
| CITY-ST-ZIP | SARASOTA FL 34233 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | MACLEOD, V | |
| STREET ADDRESS | 4059 OAKHURST DR | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | DD | <input checked="" type="checkbox"/> Delete |
| NAME | MINOR, GINNY | |
| STREET ADDRESS | 4079 OAKHURST DR | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | OLSEN, G | |
| STREET ADDRESS | 4282 OAKHURST CIR E | |
| CITY-ST-ZIP | SARASOTA FL | |

| | | |
|----------------|---------------------------|---|
| TITLE | VICE PRESIDENT | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DON FRAWLEY | |
| STREET ADDRESS | 4295 OAKHURST CIRCLE EAST | |
| CITY-ST-ZIP | SARASOTA FL 34233 | |
| TITLE | SECRETARY | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MARTHA MALLET | |
| STREET ADDRESS | 3999 OAKHURST BLVD | |
| CITY-ST-ZIP | SARASOTA FL 34233 | |
| TITLE | TREASURER | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SID DEUTSCH | |
| STREET ADDRESS | 3967 OAKHURST BLVD | |
| CITY-ST-ZIP | SARASOTA, FL 34233 | |
| TITLE | DIRECTOR | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LLOYD DOWNING | |
| STREET ADDRESS | 3941 OAKHURST BLVD | |
| CITY-ST-ZIP | SARASOTA, FL 34233 | |
| TITLE | DIRECTOR | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | VIRGINIA HAYDON | |
| STREET ADDRESS | 4211 OAKHURST CIRCLE EAST | |
| CITY-ST-ZIP | SARASOTA, FL 34233 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Richard E. Fuller*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT (941) 377-4300

Date

Daytime Phone #

CF 1037 (9/97)