

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90002 027 \*\*\*\*61.25

**DOCUMENT # 750250**

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**

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

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELLIS, EDWARD</b>	NAME	
STREET ADDRESS	<b>4168 OAKHURST CIRCLE WEST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34233</b>	CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRAWLEY, DON</b>	NAME	
STREET ADDRESS	<b>4295 OAKHURST CIRCLE EAST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34233</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEUTSCH, SID</b>	NAME	
STREET ADDRESS	<b>3967 OAKHURST BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34233</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JERRE, ROBERT</b>	NAME	
STREET ADDRESS	<b>3911 OAKHURST BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34233</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COOK, NORMAN</b>	NAME	
STREET ADDRESS	<b>3976 OAKHURST BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34233</b>	CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOCH, LOU ANNA</b>	NAME	
STREET ADDRESS	<b>3933 OAKHURST BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34233</b>	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: \_\_\_\_\_

*Norman R. Cook*  
**NORMAN R. COOK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/28/02 941-377-4300**

Date

Daytime Phone #

CR2E037 (9/01)