

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

0063926

05-23-2001 91177 038 ****61.25

DOCUMENT # N00504

1. Entity Name

OAKBROOK CONDOMINIUM ASSOCIATION OF CLEARWATER,

Principal Place of Business

2225 NURSERY RD.
 CLEARWATER FL 34624

Mailing Address

2225 NURSERY RD.
 CLEARWATER FL 34624

A0071413



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

11-2854658

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

M.D. CARLISLE MANAGEMENT CORP.
1701 LEE RD.
WINTER PARK FL 32789

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	PDSD	<input type="checkbox"/> Delete
NAME	LEWIS, RICHARD	
STREET ADDRESS	58-47 FRANCIS LEWIS BLVD	
CITY-ST-ZIP	BAYSIDE NY	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GRANT, JOHN	
STREET ADDRESS	1701 LEE RD.	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	AT	<input type="checkbox"/> Delete
NAME	BECKER, MARGARET	
STREET ADDRESS	2225 NURSERY RD	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 Lewis **REQUIRE** RICHARD LEWIS

Date: 5/1/01

CR2E037 (10/00)