

2002 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 12, 2002 8:00 am
Secretary of State

04-01-2002 90603 002 ****61.25

DOCUMENT # N00504

1. Entity Name

OAKBROOK CONDOMINIUM ASSOCIATION OF CLEARWATER, INC.

Principal Place of Business

Mailing Address

2225 NURSERY RD.
 CLEARWATER FL 34624

2225 NURSERY RD.
 CLEARWATER FL 34624

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
 33764

Country

Zip

Country

4. FEI Number **11-2854658**

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

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

7. Name and Address of New Registered Agent

Name **Peter D. Bursik**
 Street Address (P.O. Box Number is Not Acceptable) **526 Central Avenue, Suite 200**
 City **St. Petersburg** **FL** Zip Code **33701**

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 **Peter D. Bursik**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/22/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PSD	SCHROEDER, STEVEN	C/O CMP ENTERPRISES	2236 W. FIRST #140, LOVELAND, CO 80537	<input checked="" type="checkbox"/>
VD	BURSIK, PETER D.	526 CENTRAL AVE, SUITE 200	ST. PETERSBURG, FL 33701	<input checked="" type="checkbox"/>
S, T	CONNOLLY, MAUREEN	526 CENTRAL AVE. SUITE 200	ST. PETERSBURG, FL 33701	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/02

Date

727-823-1230x233

Daytime Phone #

CR2E037 (9/01)