

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90946 005 ****61.25

DOCUMENT # N28198

1. Entity Name

OAKS LANDING CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**C/O PLUMLEE GULF BEACH REALTY
417 1ST ST
INDIAN ROCKS BCH. FL 33785
US**

Mailing Address

**C/O PAREKH. COMMONS & CO
2700 EAST BAY DR.. #107
LARGO FL 33771
US**

2. Principal Place of Business

3. Mailing Address

300 S. Duncan Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 220 B

City & State

City & State

Clearwater, FL

Zip

Country

Zip

Country

33755

USA

4. FEI Number **59-2966404**

Applied For

Not Applicable

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

**PLUMLEE, PATRICIA
417 FIRST ST.
INDIAN ROCKS BCH. FL 33785**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **ANDREACCHIO, MICHELE**
STREET ADDRESS **427 84TH ST.**
CITY-ST-ZIP **BROOKLYN NY 11209**

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

TITLE **D** ☐ Delete
NAME **PLUMLEE, PATRICIA**
STREET ADDRESS **417 FIRST ST**
CITY-ST-ZIP **INDIAN ROCKS BCH. FL 33785**

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

TITLE **D** ☐ Delete
NAME **FOWLER, RICHARD**
STREET ADDRESS **5936 WELLS RD**
CITY-ST-ZIP **ST. LOUIS MO 63128**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

Patricia Plumlee

2-21-03 727-595-7586

CR2E037 (10/02)