

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90082 005 ****61.25

DOCUMENT # N96000002121

1. Entity Name

OAKBRIDGE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1350 E. NEWPORT CENTER DRIVE STE 200
 DEERFIELD BEACH FL 33442

961 BROKEN SOUND PRKWY
 BOCA RATON FL 33487-3507
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0670497

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

COMMUNITY ASSOC. SERVICES
951 BROKEN SOUND PRKWY
STE 250
BOCA RATON FL 33487

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 **PD** Delete
 NAME **VIRGO, CHERYL**
 STREET ADDRESS **3124 SW 50 ST**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **TAYLOR, CONRAD**
 STREET ADDRESS **3135 SW 50 ST**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE **PD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **BURNE, CAROL**
 STREET ADDRESS **4953 SW 32 TERR**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE **SD** Change Addition
 NAME **BURKE CAROL**
 STREET ADDRESS **4953 SW 32 TERR.**
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **CASALOTTI, SUSAN**
 STREET ADDRESS **3150 SW 50 ST**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE **TD** Change Addition
 NAME **CASALOTTI, SUSAN**
 STREET ADDRESS **3150 SW 50 ST.**
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **MCLEAN, SUZANNE**
 STREET ADDRESS **3146 SW 50 ST**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE **D** Change Addition
 NAME **STEPHANIE JONES**
 STREET ADDRESS **4961 SW 32ND TERR**
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

SIGNATURE REQUIRED

2/7/00

561-994-1788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)