

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90040 045 ****61.25

DOCUMENT # N97000001536

1. Entity Name

OAKLAND PARK NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

701 BEACH CT
 FT PIERCE FL 34950

701 BEACH CT
 FT PIERCE FL 34950-8504

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0745560

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BICHT, CHARLES L SR
701 BEACH CT
FT PIERCE FL 34950

Name: **Jo Ann Molinia**
 Street Address (P.O. Box Number Not Acceptable): **802 Fl Ave**
 City: **Ft Pierce** FL Zip Code: **34950**

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: *Jo Ann Molinia President*

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	SD	<input type="checkbox"/> Delete
NAME	PHILLIPS, SONJA	
STREET ADDRESS	504 S. 9TH ST.	
CITY-ST-ZIP	FT. PIERCE FL 34950	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BERGER, BETTY	
STREET ADDRESS	602 S 9TH	
CITY-ST-ZIP	FT. PIERCE FL 34950	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BERGER, BETTY	
STREET ADDRESS	602 S. 9TH ST.	
CITY-ST-ZIP	FT PIERCE FL 34950	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BICHT, CHARLES	
STREET ADDRESS	701 BEACH CT	
CITY-ST-ZIP	FT PIERCE FL 34950	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MONTPETIT, JEFF	
STREET ADDRESS	804 DELAWARE AVE.	
CITY-ST-ZIP	FT.PIERCE FL 34950	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nonthrup Beverly	
STREET ADDRESS	706 8th St	
CITY-ST-ZIP	Ft. Pierce, FL 34950	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Molinia, JOANN	
STREET ADDRESS	802 Fl Ave	
CITY-ST-ZIP	Ft. Pierce FL 34950	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jo Ann Molinia*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jo Ann Molinia

Date

Daytime Phone #

2/17/00 561-489-9434

CR2E037 (9/99)