

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90002 030 ****61.25

DOCUMENT # N99000006568

1. Entity Name

OAK CHASE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3201 CARDINAL DR. 2ND FLOOR
 VERO BEACH FL 32961-2062**

**3201 CARDINAL DR. 2ND FLOOR
 VERO BEACH FL 32961-2062**

80062871



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

NOT APPLICABLE

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

**CHASE, DAVID B
 3201 CARDINAL DR, 2ND FLOOR
 VERO BEACH FL 32961-2062**

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

8/14/01

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CHASE, DAVID B 3201 CARDINAL DR, 2ND FLOOR VERO BEACH FL 32961-2062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARKLEY, JOHN 3201 CARDINAL DR, 2ND FLOOR VERO BEACH FL 32961-2062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBINSON, PETER 3201 CARDINAL DR, 2ND FLOOR VERO BEACH FL 32961-2062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

8/16/01

CR2E037 (5/01)