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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729838

1. Corporation Name

THE OAKS CONDOMINIUM ASSOCIATION, INC. OF BROWAR
D

Principal Place of Business
4151 STIRLING ROAD
FORT LAUDERDALE FL 33314

Mailing Address
4151 STIRLING ROAD
FORT LAUDERDALE FL 33314

531608-90116-26



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

05/20/1974

22 City & State

27 City & State

4. FEI Number
59-1658714

Applied For
Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MICHAEL, VALERIE
4121 STIRLING ROAD
#305
FT LAUDERDALE FL 33314

81 Name
D'ALESSIO, ANTHONY

82 Street Address (P.O. Box Number is Not Acceptable)
4131 STIRLING ROAD

83 #107

84 City
DAVIE

FL 85 Zip Code
33314

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Anthony D'Alessio
Signature, typed or printed name of registered agent and title if applicable.

ANTHONY D'ALESSIO v/p 4/28/99
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BUKOVI, GENE
STREET ADDRESS 1710 NW 62ND AVE
CITY-ST-ZIP HOLLYWOOD FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME D'ALESSIO, TONY
STREET ADDRESS 4131 STIRLING ROAD #107
CITY-ST-ZIP FT LAUDERDALE FL 33314

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ST
NAME MICHAEL, VALERIE
STREET ADDRESS 4121 STIRLING RD., #305
CITY-ST-ZIP FT LAUDERDALE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME ARTICOLA, GEORGE
STREET ADDRESS 4121 STIRLING RD., 209
CITY-ST-ZIP FT LAUDERDALE FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eugene Bukovi 4/28/99 (934) 791-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)