

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2004 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                  |                                                                           |                                                                                                               |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 729838</b><br>1. Entity Name<br><b>THE OAKS CONDOMINIUM ASSOCIATION, INC. OF BROWARD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                  |                                                                           |                                                                                                               |  |
| Principal Place of Business<br><b>4151 STIRLING ROAD<br/>FORT LAUDERDALE FL 33314</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                                                                                  | Mailing Address<br><b>4151 STIRLING ROAD<br/>FORT LAUDERDALE FL 33314</b> |                                                                                                               |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | 3. Mailing Address                                                               |                                                                           |                                                                                                               |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               | Suite, Apt. #, etc.                                                              |                                                                           |                                                                                                               |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               | City & State                                                                     |                                                                           | 4. FEI Number <b>59-1658714</b>                                                                               |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               | Country                                                                          |                                                                           | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>               |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                  |                                                                           | 7. Name and Address of New Registered Agent                                                                   |  |
| <b>RUSH, SYD<br/>4131 STIRLING ROAD<br/>#204<br/>DAVIE FL 33314</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |                                                                                  |                                                                           | Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                                                                                  |                                                                           |                                                                                                               |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                           | <b>\$5.00 May Be Added to Fees</b>                                                                            |  |
| <b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |                                                                                  |                                                                           |                                                                                                               |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |                                                                                  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                     |                                                                                                               |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | P                             | <input type="checkbox"/> Delete                                                  | TITLE                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                             |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>RUSH, SYD</b>              |                                                                                  | NAME                                                                      | <b>U000000074198<br/>03/03/04-80008-010 61.25</b>                                                             |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>4131 STIRLING RD H-204</b> |                                                                                  | STREET ADDRESS                                                            |                                                                                                               |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>DANIA BEACH FL 33314</b>   |                                                                                  | CITY-ST-ZIP                                                               |                                                                                                               |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VP                            | <input type="checkbox"/> Delete                                                  | TITLE                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                             |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>MYERS, JOSEPH</b>          |                                                                                  | NAME                                                                      |                                                                                                               |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>4121 STIRLING RD R-403</b> |                                                                                  | STREET ADDRESS                                                            |                                                                                                               |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>DANIA BEACH FL 33314</b>   |                                                                                  | CITY-ST-ZIP                                                               |                                                                                                               |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ST                            | <input type="checkbox"/> Delete                                                  | TITLE                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                             |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>ALFANO, DEBBIE</b>         |                                                                                  | NAME                                                                      |                                                                                                               |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>800 NE 195TH ST</b>        |                                                                                  | STREET ADDRESS                                                            |                                                                                                               |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>N MIAMI BEACH FL 33179</b> |                                                                                  | CITY-ST-ZIP                                                               |                                                                                                               |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D                             | <input type="checkbox"/> Delete                                                  | TITLE                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                             |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>MOFFATT, CARROLL</b>       |                                                                                  | NAME                                                                      |                                                                                                               |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>800 NE 195TH ST</b>        |                                                                                  | STREET ADDRESS                                                            |                                                                                                               |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>N MIAMI FL 33179</b>       |                                                                                  | CITY-ST-ZIP                                                               |                                                                                                               |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D                             | <input type="checkbox"/> Delete                                                  | TITLE                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                             |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>ARCE, LUZ</b>              |                                                                                  | NAME                                                                      |                                                                                                               |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>9121 STIRLING RD R402</b>  |                                                                                  | STREET ADDRESS                                                            |                                                                                                               |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>DANIA BEACH FL 33314</b>   |                                                                                  | CITY-ST-ZIP                                                               |                                                                                                               |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               | <input type="checkbox"/> Delete                                                  | TITLE                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                             |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                  | NAME                                                                      |                                                                                                               |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |                                                                                  | STREET ADDRESS                                                            |                                                                                                               |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |                                                                                  | 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)(f), 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: <i>Syd Rush</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |                                                                                  | SIGNATURE: <i>Resident 1/28/04</i>                                        |                                                                                                               |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                                                                  | Date Daytime Phone #                                                      |                                                                                                               |  |