
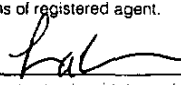



FILED
Mar 16, 2007 8:00 am
Secretary of State


03-16-2007 90038 041 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N05000008845			
1. Entity Name VILLAGE PARK AT OAKLAND CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 5162 NE 6TH AVE OAKLAND PK, FL 33334		Mailing Address 5162 NE 6TH AVE OAKLAND PK, FL 33334	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-3390846		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MELAND, RUSSIN, HELLINGER & BUDWICK, P.A. 200 S BISCAYE BLVD STE 3000 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name SKRLD, Inc. Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle ste# 1102, Coral Gables, Florida 33134 City Coral Gables FL Zip Code 33134	
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  Lisa Lerner, Secretary Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MITCHELL, JAMES R 9095 SW 87TH AVE #777 MIAMI, FL 33176 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Nicole Hollar <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5150 NE 6 Ave unit# 113 Oakland Park Florida 33334
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SIMKINS, RONALD S 5162 NE 6TH AVE OAKLAND PK, FL 33334 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Eugene G. Owen <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5162 NE 6 Ave unit # 325 Oakland Park Florida 33334
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST SHERRY, ALEX 5162 NE 6TH AVE OAKLAND PK, FL 33334 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Michele Shapiro <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5150 NE 6 Ave Unit # 128 Oakland Park Florida 33334
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  NICOLE C. HOLLAR		3-8-07 954.267.0821 Date Daytime Phone #	

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # <u>N05000008845</u>					
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02072007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 20-3390846	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MELAND, RUSSIN, HELLINGER & BUDWICK, P.A. 200 S BISCAYE BLVD STE 3000 MIAMI, FL 33131			7. Name and Address of New Registered Agent Npr <u>SKRLD, Inc.</u> Street Address (P.O. Box Number is Not Acceptable) <u>201 Alhambra Circle ste# 1102,</u> <u>Coral Gables, Florida 33134</u> City <u>Coral Gables</u> <u>FL</u> Zip Code <u>33134</u>		
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 <u>Lisa Lerner, Secretary</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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SIGNATURE: <u>Nicole C. Hollar</u> <u>Nicole C. Hollar</u> <u>3-8-07 954.267.0821</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

20007610

#N05000008845

VILLAGE PARK AT OAKLAND CONDO ASSOC., INC.

5290

Inv Date	Invoice#	Description	Amount
01/31/07	123107	ANNUAL REPORT DOC#N05000008845	61.25

Total:

61.25

VILLAGE PARK AT OAKLAND
CONDO ASSOC., INC.
9095 S.W. 87TH AVENUE, SUITE 777
MIAMI, FLORIDA 33176

SUNTRUST BANK
ACH RT 061000104
63-215/631

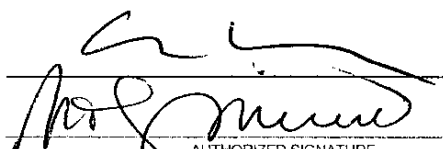
No. 5290
VOID AFTER 90 DAYS

DATE	AMOUNT
02/07/07	\$61.25

PAY SIXTY ONE AND 25/100 DOLLARS

TO THE
OF FLORIDA DEPARTMENT OF STATE

VOID AFTER 90 DAYS


AUTHORIZED SIGNATURE