


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 DEC 19 AM 8:09

DOCUMENT # N06000010253 1. Entity Name ISLES AT OAKLAND PARK COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 8151 W. PETERS RD., STE. 1000 PLANTATION, FL 33324			Mailing Address 8151 W. PETERS RD., STE. 1000 PLANTATION, FL 33324		
2. Principal Place of Business - No P.O. Box # <i>C/O Miami Management</i>		3. Mailing Address <i>1145 Sawgrass Corp Pkwy</i>			
Suite, Apt. #, etc. <i>1145 Sawgrass Corp Pkwy</i>		Suite, Apt. #, etc.			
City & State <i>Sunrise, FL</i>		City & State <i>Sunrise, FL</i>		4. FEI Number 20-5685995	
Zip <i>33323</i>		Country <i>USA</i>		Applied For Not Applicable	
Zip <i>33323</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ASSOCIATION LAW GROUP, P.L. 1666 KENNEDY CAUSEWAY SUITE 305 NORTH BAY VILLAGE, FL 33141			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		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 SCHRAGER, MARLENE 8151 W. PETERS RD., STE. 1000 PLANTATION, FL 33324	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Maria C. Herrera D/P</i> <i>1145 Sawgrass Corporate Parkway</i> <i>Sunrise, FL 33323</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CUMMINGS, KENDALL 8151 W. PETERS RD., STE. 1000 PLANTATION, FL 33324	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Teresa Baluja VP/Treasurer</i> <i>1145 Sawgrass Corporate Parkway</i> <i>Sunrise, FL 33323</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PAPALE, MICHAEL 8151 PETERS ROAD PLANTATION, FL 33324	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Miguel Duila Secretary</i> <i>1145 Sawgrass Corporate Parkway</i> <i>Sunrise, FL 33323</i>	
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 400139168594 12/19/08--01030--003 **61.25	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>12-11-08</i> Daytime Phone #		

12/22/08