

**2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 15, 2012  
Secretary of State**

DOCUMENT# N06000010253

**Entity Name:** ISLES AT OAKLAND PARK COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

C/O MIAMI MANAGEMANT  
1145 SAWGRASS CORP PKWY  
SUNRISE, FL 33323

**Current Mailing Address:**

**New Mailing Address:**

C/O MIAMI MANAGEMANT  
1145 SAWGRASS CORP PKWY  
SUNRISE, FL 33323

**FEI Number:** 20-5685995      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ASSOCIATION LAW GROUP, P.L.  
1666 KENNEDY CAUSEWAY  
SUITE 305  
NORTH BAY VILLAGE, FL 33141 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** HERRERA, MARIA C  
**Address:** 1145 SAWGRASS CORPORATE PARKWAY  
**City-St-Zip:** SUNRISE, FL 33323

**Title:** TD  
**Name:** BALUJA, TERESA  
**Address:** 1145 SAWGRASS CORPORATE PARKWAY  
**City-St-Zip:** SUNRISE, FL 33323

**Title:** SD  
**Name:** AVILA, MIGUEL  
**Address:** 1145 SAWGRASS CORPORATE PARKWAY  
**City-St-Zip:** SUNRISE, FL 33323

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAROLINA HERRERA

PD

02/15/2012

Electronic Signature of Signing Officer or Director

Date