

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 03, 2008
Secretary of State

DOCUMENT# N07000000856

Entity Name: THE OAKS I AT BISCAYNE LANDING CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**2200 NE 143RD ST STE 100
N MIAMI, FL 33181**New Principal Place of Business:****Current Mailing Address:**2200 NE 143RD ST STE 100
N MIAMI, FL 33181**New Mailing Address:****FEI Number:** 20-8287253**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CFRA, LLC
4221 W. BOYSCOUT BLVD
SUITE 1000
TAMPA, FL 33607 US**Name and Address of New Registered Agent:**

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 () Delete
Name: HAIDER, SALMAN
Address: 11900 BISCAYNE BLVD., SUITE 809
City-St-Zip: MIAMI, FL 33181

Title: VPD () Delete
Name: SCHIERMBOCK, CHRIS
Address: 11900 BISCAYNE BLVD., SUITE 809
City-St-Zip: MIAMI, FL 33181

Title: S () Delete
Name: BENJAMIN, ALEX
Address: 11900 BISCAYNE BLVD., SUITE 809
City-St-Zip: MIAMI, FL 33181

Title: T () Delete
Name: SHAVEL, DOUG
Address: 11900 BISCAYNE BLVD., SUITE 809
City-St-Zip: MIAMI, FL 33181

Title: D () Delete
Name: FUHRMANN, JUSTIN
Address: 11900 BISCAYNE BLVD., SUITE 809
City-St-Zip: MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HAIDER, SALMAN A
Address: 11900 BISCAYNE BLVD., SUITE 809
City-St-Zip: MIAMI, FL 33181

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: SHAVEL, DOUG
Address: 11900 BISCAYNE BLVD., SUITE 809
City-St-Zip: MIAMI, FL 33181

Title: AS (X) Change () Addition
Name: BENJAMIN, ALEX
Address: 11900 BISCAYNE BLVD., SUITE 809
City-St-Zip: MIAMI, FL 33181

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SALMAN A. HAIDER

DP

10/03/2008

Electronic Signature of Signing Officer or Director

Date