

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Dec 23, 2009
Secretary of State

DOCUMENT# N07000000856

Entity Name: THE OAKS I AT BISCAYNE LANDING CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**15051 ROYAL OAKS LANE
#103
N MIAMI, FL 33181**New Principal Place of Business:****Current Mailing Address:**15051 ROYAL OAKS LANE
#103
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:**PENABAD, CORALEE G
235 ALTERE AVE
CORAL GABLES, FL 33146 US**Name and Address of New Registered Agent:**PENABAD, CORALEE G
235 ALTARA AVE
CORAL GABLES, FL 33146 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: CORALEE G. PENABAD, AS AUTHORIZED AGENT

12/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RAMOS, JEFFREY J
Address: 11900 BISCAYNE BLVD., SUITE 801
City-St-Zip: MIAMI, FL 33181

Title: VPD () Delete
Name: SCHIERMBOCK, CHRIS
Address: 11900 BISCAYNE BLVD., SUITE 801
City-St-Zip: MIAMI, FL 33181

Title: ST () Delete
Name: SHAVEL, DOUG
Address: 11900 BISCAYNE BLVD., SUITE 801
City-St-Zip: MIAMI, FL 33181

Title: AS (X) Delete
Name: BENJAMIN, ALEX
Address: 11900 BISCAYNE BLVD., SUITE 801
City-St-Zip: MIAMI, FL 33181

Title: D (X) Delete
Name: FUHRMANN, JUSTIN
Address: 9655 EAST HARBOR BAY DRIVE #PH.N
City-St-Zip: BAY HARBOR ISLAND, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HELLINGER, ANDREW B
Address: 235 ALTARA AVENUE
City-St-Zip: CORAL, FL 33146

Title: VP (X) Change () Addition
Name: JANVIER, EDRIN
Address: 235 ALTARA AVENUE
City-St-Zip: CORAL, FL 33146

Title: S (X) Change () Addition
Name: SMITH, ALEX
Address: 235 ALTARA AVENUE
City-St-Zip: CORAL, FL 33146

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

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: ANDREW B. HELLINGER

PD

12/23/2009

Electronic Signature of Signing Officer or Director

Date