## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

**POCUMENT #**Corporation Name N08081

(4)

THE PINES OF OAKLAND FOREST WEST CONDOMINIUM ASS OCIATION, INC.

Principal Place	of Business	Mailing Address			T TOURTHUR OIL BOTHS LOREN COLON LIGHT CLOSE COLON CERT CLOSE CLOS		
7686 WILES ROAD		7686 WILES ROAD			3. Date Incorporated or Qualified	3. Date Incorporated or Qualified	
ICORAL SPRINGS FL 33067-2069		CORAL SPRINGS FL 33067-2069			03/11/1985		
US		U\$			4. FEI Number	Applied For	
					59-2527669	Not Applicable	
2. Principal Pla	ce of Business	2a. Mailing Address				\$8.75 Additional	
21		26			5. Certificate of Status Desired	Fee Required	
Sulte, Apt. #	, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.00 May Be	
22		27			Trust Fund Contribution	Added to Fees	
City & State		City & State				7. Is this nonprofit corporation a homeowners association?	
23		[28]			Yes No		
Zip	Country	Zip	¬ '		8. This corporation owes or has paid the current year Intangible Personal Property Tex due June 30.  Yes No		
24	9. Name and Address of Current		10		Personal Property Tax due June 30.  10. Name and Address of New Registered Ag		
	Traile and Address of Current	Hadistoren våatt	В	1 Name			
AMI CO IA	MECE D						
MILES, JAMESE R 7686 WILES ROAD			8	82 Street Address (P.O. Box Number is Not Acceptable)			
CORAL SPRINGS FL 33067/2069				3			
CONAL SI	-MINGS PL 5500172009	$\wedge$					
	11	/ \	8	4 City	FL	85 Zip Code	
11. Pursuant to the provisions of Sections 617 05020 and 617 1508. Florida Statutes, the above-parted corporation submits this statement for the purpose of changing its registered.							
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and appointment of the corporation of							
$11.00 \cdot 10.00 \cdot 10.0$							
SIGNATURE Signature, lyped or printed name of registered asket fund like if applicance (NOTE				Registered Agent signature required when reinstating) DATE			
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND D		
TITLE	PD	DELETE	1.1 TITLE			Change 🔀 Addition	
NAME	COOPERSMITH, GLENNA			ME JEFF HUGO Park DR #1503 REFIADDRESS 3098 S. Oakhand Park DR #1503			
STREET ADDRESS 30750 S. OAKLAND PARK DR			1.3 STREET ADDRESS 3008 S. Ou E. Lake 1 0.5 12				
CITY-ST-ZIP	OAKLAND PARK FL 33309		1.4 CITY		Oakland Park FL 3333		
TITLE	TD JOHNSTON, VIRGINIA	L] DELETE	2.1 TITLE		PD	Change	
NAME		2.2 NAM			i		
STREET ADDRESS	3040 S. OAKLAND PARK DR			et address			
CITY-ST-ZIP	PD PARK FL 33309	<b>X</b> DELETE	2.4 City 3.1 Title	-ST-ZIP ;		Change Addition	
TITLE		DELETE	3.1 TITLE 3.2 NAMI		Clark	` ' '	
NAME DEDEET ADDRESS	BAUMGART, JEANNE L sss 6941 NW 6TH COURT				Dian Chark 3056 3 Oakland Junest DR # 2305		
STREET ADDRESS			ET ADDRESS	Oukland Park FL 333	ora.		
CITY-ST-ZIP	PLANTATION FL D	DELETE	3.4. CITY 4.1 TITLE			Change Addition	
NAME	RODRIGUEZ, JOSE	- Versie	4. 2 NAM		ADSFPHIS EDUEY		
STREET ADDRESS	3044 S. OAKLAND FOREST DR	IVF		et address	3694 & Oakland Forest	PRH 1706	
CITY-ST-ZIP	FT LAUDERDALE FL	146	4.4 CITY		cockland Park FL 3	3309	
TITLE	D	DELETE	5.1 TITLE		[ <b>L</b>	Change Addition	
NAME	FULLICK, NIGEL	•	5.2 NAMI		SOE SPINA		
STREET ADDRESS	AARA A AARA AARA BAARAY BARAY III II I			ET ADDRESS			
CITY-ST-ZIP	OAKLAND PARK FL		5.4 CITY	ST-ZIP			
TITLE	TD	DELETE	6.1 TITLE		√,D ⊼	Change Addition	
NAME	BERG, DENISE		6.2 NAME				
STREET ADDRESS 3050 S OAKLAND FOREST DRIVE #2003			6.3 STRE	et address	3	ļ	
CITY-ST-ZIP	FT LAUDERDALE FL		6.4 CITY	ST-ZIP			
14. Thereby certify that the information supplied with this liling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 for the receives or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.							
SIGNATURE:							

**FILED** 

May 20 1998 8:00am

Secretary of State