2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2008
Secretary of State

DOCUMENT# N08081

Entity Name: THE PINES OF OAKLAND FOREST WEST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

PINES OF OAKLAND FOREST WEST
3082 S OAKLAND FR DR 1 OFFICE
OAKLAND PARK, FL 33309

New Principal Place of Business:

Current Mailing Address:

PINES OF OAKLAND FOREST WEST
3082 S OAKLAND FOREST DR OFFICE
OAKLAND PARK, FL 33309

New Mailing Address:

FEI Number: 59-2527669 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KIRCHER, ANN
3082 S OAKLAND FOREST DR OFFICE
OAKLAND PARK, FL 33309 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: S ( ) Delete
Name: KENNEDY, TONYA
Address: 3036 S OAKLAND FOREST DRIVE
City-St-Zip: OAKLAND PARK, FL 33309

Title: D ( ) Delete
Name: TUFANO, JOSEPH
Address: 5602 SW 1ST COURT
City-St-Zip: PLANTATION, FL 33317

Title: D ( ) Delete
Name: LEE, SANDRA
Address: 3084 S OAKLAND FOREST DR UNIT 5
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: VP ( ) Delete
Name: TUFANO, JOSEPH
Address: 5602 SW 1ST CT
City-St-Zip: FORT LAUDERDALE, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JOE TUFANO VP 07/15/2008

Electronic Signature of Signing Officer or Director — Date