

FILE NOW: FILING FEE IS \$61.25

**Amended**

FILED

99 JUL -6 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000001205  
1. Corporation Name  
OAK VILLAS BY MIAMI LAKES HOA

Principal Place of Business Mailing Address  
0850 Coral Way Ste 308 Miami, FL 33155  
→ SAME

21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	3/4/96		<input checked="" type="checkbox"/> Not Applicable
22	City & State	City & State	5. Certificate of Status Desired	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	Zip	Country	Country	\$5.00 May Be Added to Fees
23	Country	Country	24	25	26
27	28	29	30		

9. Name and Address of Current Registered Agent  
AMA Management Serv.  
0850 Coral Way #308  
Miami, FL 33155

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named 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 accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Chela Morales Property Manager  
Date: 6-28-99

12. OFFICERS AND DIRECTORS

TITLE	PD	NAME	Sandra Diaz	STREET ADDRESS	10613 NW 71 Avenue	CITY-ST-ZIP	Miami, FL 33014	<input type="checkbox"/> DELETE
TITLE	SD	NAME	Alina Schulman	STREET ADDRESS	16607 NW 70 Ct	CITY-ST-ZIP	Miami, FL 33014	<input type="checkbox"/> DELETE
TITLE	TD	NAME	Andres Molina	STREET ADDRESS	10630 NW 73 Place	CITY-ST-ZIP	Miami, FL 33014	<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	200002932042--9
1.4 CITY-ST-ZIP	-07/15/99--01039--013
2.1 TITLE	*****70.00 *****70.00
2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 or the receiver 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, with all other like empowered.

SIGNATURE: Sandra Diaz Sandra Diaz President 6-29-99 305-669-9950  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)