

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90007 006 \*\*\*\*61.25

**00023995**

**DOCUMENT #** N96000001265  
 1. Entity Name  
**OAK VILLAS BY MIAMI LAKES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business  
 6850 Coral Way  
 Suite 308  
 Miami, FL 33155  
 Mailing Address  
 6850 Coral Way  
 Suite 308  
 Miami, FL 33155

2. Principal Place of Business  
 c/o Castle Mgmt. Inc.  
 Suite, Apt. #, etc.  
 P.O. Box 189013  
 3. Mailing Address  
 c/o Castle Mgmt. Inc.  
 Suite, Apt. #, etc.  
 P.O. Box 189013

City & State  
 Plantation, FL  
 City & State  
 Plantation, FL  
 Zip  
 33318  
 Country  
 US  
 Zip  
 33318  
 Country  
 US

4. FEI Number  
 65-0803472  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
 A.M.A. Management Services  
 6850 Coral Way, Suite 308  
 Miami, FL 33155

7. Name and Address of New Registered Agent  
 Name  
 Castle Management, Inc.  
 Street Address (P.O. Box Number is Not Acceptable)  
 4450 W. Sunrise Blvd.  
 Suite C-100  
 City  
 Plantation FL Zip Code  
 33313

8. 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 *Gail H. Sangunett* Gail H. Sangunett, Vice President - Admin. 2/14/01  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**  
 9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**  
**Make Check Payable to - Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Diaz, Sandra 16613 NW 71 Avenue Miami, FL 33014 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Fernandez, Jose 16618 NW 71 Avenue Miami, FL 33014 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Schuiman, Alina 16607 NW 70 Court Miami, FL 33014 <input checked="" 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10-

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Miami Lakes, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Miami Lakes, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SD Bosch, Vicky 16617 NW 71 Avenue Miami Lakes, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TD Fernandez, Orlando 16606 NW 73 Avenue Miami Lakes, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Mayorca, Herman 16621 NW 73 Avenue Miami Lakes, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sandra Diaz* Sandra Diaz, President 2/15/01 (305) 947-7488  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)