

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90041 035 \*\*\*\*61.25

**DOCUMENT # N96000001265**

1. Entity Name

**OAK VILLAS BY MIAMI LAKES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

% CASTLE MGMT INC.  
 P.O. BOX 189013  
 PLANTATION FL 33318

% CASTLE MGMT INC.  
 P.O. BOX 189013  
 PLANTATION FL 33318

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**CASTLE MANAGEMENT INC.  
 4450 W SUNRISE BLVD.  
 SUITE C-100  
 PLANTATION FL 33313**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	DIAZ, SANDRA	
STREET ADDRESS	16613 NW 71 AVENUE	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SCHUIMAN, ALINA	
STREET ADDRESS	16607 NW 70 CT	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BOSCH, VICKY	
STREET ADDRESS	16617 NW 71 AVENUE	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FERNANDEZ, ORLANDO	
STREET ADDRESS	16606 NW 73 AVENUE	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAYORCA, HERMAN	
STREET ADDRESS	16621 NW 73 AVENUE	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jose Fernandez	
STREET ADDRESS	16608 NW 71 AVE	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSEN, VICKY	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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** 1/25/02 (954) 792-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/01)