


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90007 018 ****61.25

DOCUMENT # N96000001265			
1. Entity Name OAK VILLAS BY MIAMI LAKES HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business C/O BANKERS REAL ESTATE PARTNERS, INC. 299 ALHAMBRA CIRCLE #404 MIAMI, FL 33134-5114		Mailing Address C/O BANKERS REAL ESTATE PARTNERS, INC. 299 ALHAMBRA CIRCLE #404 MIAMI, FL 33134-5114	
2. Principal Place of Business C/O Phoenix Management Suite, Apt. #, etc. 4780 N STRD 7 #E250 City & State LAUDERDALE LAKES, FL Zip 33319 Country		3. Mailing Address C/O Phoenix Management Suite, Apt. #, etc. 4780 N STRD 7 #E250 City & State LAUDERDALE LAKES, FL Zip 33319 Country	
4. FEI Number 65-0803472		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAMOS, ANTONIO F 299 ALHAMBRA CIRCL #404 MIAMI, FL 33134-5114		7. Name and Address of New Registered Agent Name <u>Shelly Goldberg</u> Street Address (P.O. Box Number is Not Acceptable) <u>4780 N ST</u> City <u>LAUDERDALE LAKES FL</u> Zip Code <u>33319</u>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>Shelly Goldberg</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIAZ, SANDRA 16613 NW 71 AVENUE MIAMI LAKES, FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD IRIBAR, MARIA ANGELA 16607 NW 72 AVENUE MIAMI LAKES, FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FERNÁNDEZ, JOSE 16618 NW 71 AVE. MIAMI LAKES, FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CEPEDA, MARILYN 16622 NW 73 AVENUE MIAMI LAKES, FL 33014 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAOLA BERMUDEZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16609 NW 73 AVENUE MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: <u>Sandra Diaz</u>		Date <u>Sandra DIAZ</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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