

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N96000001265

1. Entry Name
OAK VILLAS BY MIAMI LAKES HOMEOWNERS ASSOCIATION, INC.



FILED
 05 AUG -8 AM 11:22

Principal Place of Business
**C/O PHOENIX MANAGEMENT
 4780 N ST RD 7 #E250
 LAUDERDALE LAKES, FL 33319**

Mailing Address
**C/O PHOENIX MANAGEMENT
 4780 N ST RD 7 #E250
 LAUDERDALE LAKES, FL 33319**

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business
C/O BANKERS REAL ESTATE PARTNERS

3. Mailing Address
C/O BANKERS REAL ESTATE PARTNERS

08042005 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.
299 ALHAMBRA CIRCLE, SUITE 404

City & State
CORAL GABLES, FLORIDA

Zip
33134-5114

Country
U.S.A.

4. FEI Number
65-0803472

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**GOLDBERG SHELLY
 4780 N ST
 LAUDERDALE LAKES, FL 33319**

7. Name and Address of New Registered Agent

Name
ANTONIO F. RAMOS

Street Address (P.O. Box Number is Not Acceptable)
**299 ALHAMBRA CIRCLE
 SUITE 404**

City
CORAL GABLES

FL Zip Code
33134-5114

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: *Antonio F. Ramos* **AUGUST 4, 2005**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating) DATE

Amended AR is \$81.25

9. Election Campaign Financing Trust Fund Contribution. \$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 PD	NAME DIAZ, SANDRA	TITLE PD	NAME BERMUDEZ, PAOLA A.
STREET ADDRESS 16813 NW 71 AVENUE	CITY-ST-ZIP MIAMI LAKES, FL 33014	STREET ADDRESS 16609 NW 73 AVENUE	CITY-ST-ZIP MIAMI LAKES, FL 33014-7108
TITLE SD	NAME IRIBAR, MARIA ANGELA	TITLE VPD	NAME DIAZ, SANDRA
STREET ADDRESS 16607 NW 72 AVENUE	CITY-ST-ZIP MIAMI LAKES, FL 33014	STREET ADDRESS 16613 NW 71 AVENUE	CITY-ST-ZIP MIAMI LAKES, FL 33014-7104
TITLE VPD	NAME FERNANDEZ, JOSE	TITLE SD	NAME IRIBAR, MARIA ANGELA
STREET ADDRESS 16818 NW 71 AVE.	CITY-ST-ZIP MIAMI LAKES, FL 33014	STREET ADDRESS 16609 NW 72 AVENUE	CITY-ST-ZIP MIAMI LAKES, FL 33014-7106
TITLE TD	NAME BERMUDEZ, PAOLA	300058642743	
STREET ADDRESS 16609 NW 73 AVENUE	CITY-ST-ZIP MIAMI LAKES, FL 33014	08/16/05--01012--020 **\$61.25	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE 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 lines empowered.

SIGNATURE: *Antonio F. Ramos* **August 4, 2005** (305) 335-5386

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Design Phone #