


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90036 027 ****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 299 ALHAMBRA CIR STE 404 CORAL GABLES, FL 33134-5114			Mailing Address C/O BANKERS REAL ESTATE PARTNERS 299 ALHAMBRA CIR STE 404 CORAL GABLES, FL 33134-5114		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0803472	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RAMOS, ANTONIO F 299 ALHAMBRA CIRCLE STE 404 CORAL GABLES, FL 33134-5114			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERMUDEZ, PAOLA A		NAME		
STREET ADDRESS	2337 N.W. 184 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 330295300		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SABIN, DANIEL A		NAME		
STREET ADDRESS	16621 N.W. 70 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES, FL 33014		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DI MAURO, CRISTINA		NAME		
STREET ADDRESS	16605 N.W. 70 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES, FL 33014		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FERNANDEZ, JOSE M		NAME		
STREET ADDRESS	16618 N.W. 71 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES, FL 33014		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____			MARCH 25, 2008 (305) 335-5386		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

40033120



01032008 Chg-NP CR2E037 (12/06)

PAID CHECK # 1651
03/26/08