

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001265

FILED
Feb 05, 2009
Secretary of State

Entity Name: OAK VILLAS BY MIAMI LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O BANKERS REAL ESTATE PARTNERS
299 ALHAMBRA CIR STE 404
CORAL GABLES, FL 331345117 US

New Principal Place of Business:

Current Mailing Address:

C/O BANKERS REAL ESTATE PARTNERS
299 ALHAMBRA CIR STE 404
CORAL GABLES, FL 331345117 US

New Mailing Address:

FEI Number: 65-0803472 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RAMOS, ANTONIO F
299 ALHAMBRA CIRCLE
STE 404
CORAL GABLES, FL 331345117 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BERMUDEZ, PAOLA A
Address: 2337 N.W. 184 TERRACE
City-St-Zip: PEMBROKE PINES, FL 330295300 US

Title: VPD () Delete
Name: FERNANDEZ, JOSE M
Address: 16618 N.W. 71 AVENUE
City-St-Zip: MIAMI LAKES, FL 330147104 US

Title: SD () Delete
Name: MARTINEZ, GERARDO M
Address: 16609 N.W. 71 AVENUE
City-St-Zip: MAIMI LAKES, FL 330147104 US

Title: D () Delete
Name: SABIN, DANIEL A
Address: 16621 N. W. 70 AVENUE
City-St-Zip: MIAMI LAKES, FL 330147102 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAOLA A. BERMUDEZ

PD

02/05/2009

Electronic Signature of Signing Officer or Director

_____ Date