


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90130 041 \*\*\*\*61.25

**DOCUMENT # N96000001265**

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



Principal Place of Business  
**% CASTLE MGMT INC.  
P.O. BOX 183013  
PLANTATION FL 33318**

Mailing Address  
**% CASTLE MGMT INC.  
P.O. BOX 183013  
PLANTATION FL 33318**

2. Principal Place of Business  
**c/o BANKERS REAL ESTATE BROKERS, INC.**

3. Mailing Address  
**c/o BANKERS REAL ESTATE PARTNERS, INC.**

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

City & State  
**CORAL GABLES, FLORIDA**

Zip  
**33134-5114**

Country  
**USA**



CHECK HERE IF MAKING CHANGES

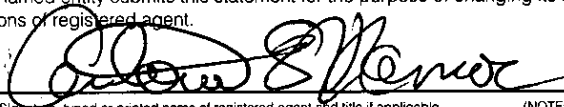
4. FEI Number **65-0803472** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**CASTLE MANAGEMENT INC.  
4450 W SUNRISE BLVD.  
SUITE C-100  
PLANTATION FL 33313**

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  **COMMUNITY ASSOCIATION MANAGER JANUARY 31, 2003**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DIAZ, SANDRA 16613 NW 71 AVENUE MIAMI LAKES FL 33014</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD MARIA ANGELA IRIBAR 16607 NW 72 AVENUE MIAMI LAKES, FL 33014</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD BOSEN, VICKY 16617 NW 71 AVENUE MIAMI LAKES FL 33014</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD MARILYN CEPEDA 16622 NW 73 AVENUE MIAMI LAKES, FL 33014</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD FERNANDEZ, JOSE 16618 NW 71 AVE. MIAMI LAKES FL 33014</b> <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
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:  **REQUIRED** **JANUARY 31, 2003 (305) 531-1633**

CR2E037 (10/02)