


# 2005 NOT-FOR-PROFIT CORPORATION. ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90152 033 \*\*\*\*61.25

<b>DOCUMENT # N96000002121</b> 1. Entity Name <b>OAKBRIDGE PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>SW 31ST AVENUE DANIA, FL 33312</b>			Mailing Address <b>THE CONTINENTAL GROUP 2950 N 28TH TERRACE HOLLYWOOD, FL 33020 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0670497</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>RANDALL K. ROGIZ &amp; ASSOCIATES 621 NW 53RD STREET, SUITE 300 BOCA RATON, FL 33487</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GAMBAROLELLA, RITA 3152 50TH ST DANIA, FL 33312</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT ELAINE SPENCER 4914 SW 31 TER DANIA BCH, FL 33312</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S ROSS, KAREN 3176 SW 49 ST DANIA, FL 33312</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER SUSAN LIKE 4904 SW 31 TER DANIA BCH, FL 33312</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BENHAMUSH, RONAN 4989 SW 32 TERR DANIA, FL 33312</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR RITA TORTORA 5025 SW 32 TER DANIA BCH, FL 33312</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SPENCER, MARLEN 4914 SW 31 TERRACE DANIA, FL 33312</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP GAYLE REED 5021 SW 32 TER DANIA BCH, FL 33312</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD GUILLERMO, GARCIA 4927 SW 31ST TERRACE DANIA, FL 33312</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR ELAINE LHUTA 3168 SW 19 ST DANIA BCH, FL 33312</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			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.					
<b>SIGNATURE</b> <u>Elaine Spencer</u> <b>(ELAINE SPENCER)</b> <u>4/29/05</u> <u>954 961-8433</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

20057818



04282005 Chg-NP CR2E037 (10/03)

FL Zip Code