

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000008845

**Entity Name:** VILLAGE PARK AT OAKLAND CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 05, 2024**  
**Secretary of State**  
**1169295431CC**

**Current Principal Place of Business:**

5192 NE 6TH AVENUE  
OFFICE  
OAKLAND PARK, FL 33334

**Current Mailing Address:**

P.O. BOX 19439  
PLANTATION, FL 33318 US

**FEI Number: 20-3390846**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

VILLAGE PARK AT OAKLAND CONDOMINIUM ASSOCIATION  
5192 NE 6TH AVENUE  
OFFICE  
OAKLAND PARK, FL 33334 US

*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: THERESA PARENT**

**04/05/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, SECRETARY  
Name TINOCO, JOHN  
Address 5192 NE 6TH AVENUE  
OFFICE  
City-State-Zip: OAKLAND PARK FL 33334

Title DIRECTOR, PRESIDENT  
Name PARENT, THERESA  
Address 5192 NE 6TH AVENUE  
OFFICE  
City-State-Zip: OAKLAND PARK FL 33334

Title DIRECTOR, TREASURER  
Name BRAVERMAN, JOYCE  
Address 5192 NE 6TH AVENUE  
OFFICE  
City-State-Zip: OAKLAND PARK FL 33334

*I hereby 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 all other like empowered.*

**SIGNATURE: PARENT , THERESA**

**PRESIDENT**

**04/05/2024**

Electronic Signature of Signing Officer/Director Detail

Date