

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000010253

**Entity Name:** ISLES AT OAKLAND PARK COMMUNITY ASSOCIATION, INC.

**FILED**  
**Mar 18, 2021**  
**Secretary of State**  
**2230304924CC**

**Current Principal Place of Business:**

C/O MIAMI MANAGEMENT, INC.  
1145 SAWGRASS CORP. PARKWAY  
SUNRISE, FL 33323

**Current Mailing Address:**

C/O MIAMI MANAGEMENT, INC.  
1145 SAWGRASS CORP. PARKWAY  
SUNRISE, FL 33323 US

**FEI Number:** 20-5685995

**Certificate of Status Desired:** No

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

PEYTON BOLIN PL  
3343 W. COMMERCIAL BLVD.  
STE #100  
FORT LAUDERDALE, FL 33309 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:** MICHAEL GOLDSTEIN

03/18/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HERRERA, ALVARO  
Address        C/O MIAMI MANAGEMENT, INC.  
                  1145 SAWGRASS CORP. PARKWAY  
City-State-Zip: SUNRISE FL 33323

Title            VP  
Name            ZAMARY, KENNETH  
Address        C/O MIAMI MANAGEMENT, INC.  
                  1145 SAWGRASS CORP. PARKWAY  
City-State-Zip: SUNRISE FL 33323

Title            TREASURER  
Name            BOYLAND JR, LARRY  
Address        C/O MIAMI MANAGEMENT, INC.  
                  1145 SAWGRASS CORP. PARKWAY  
City-State-Zip: SUNRISE FL 33323

Title            DIRECTOR  
Name            CAMPBELL, PAMMAREE  
Address        C/O MIAMI MANAGEMENT, INC.  
                  1145 SAWGRASS CORP. PARKWAY  
City-State-Zip: SUNRISE FL 33323

Title            SECRETARY  
Name            FERNANDEZ, ROBERTO  
Address        C/O MIAMI MANAGEMENT, INC.  
                  1145 SAWGRASS CORP. PARKWAY  
City-State-Zip: SUNRISE FL 33323

*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:** ALVARO HERRERA

PRESIDENT

03/18/2021

Electronic Signature of Signing Officer/Director Detail

Date