

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000003064

**FILED**  
**Apr 03, 2018**  
**Secretary of State**  
**CC9703279859**

**Entity Name:** OAKLAND PARK OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5445 MURRELL ROAD  
UNIT 102 PO BOX 129  
VIERA, FL 32955

**Current Mailing Address:**

5445 MURRELL ROAD  
UNIT 102 PO BOX 129  
VIERA, FL 32955 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

PATEL, VISHNU  
5445 MURRELL ROAD  
UNIT 102 PO BOX 129  
VIERA, FL 32955 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D/P  
Name PATEL, VISHNU  
Address 1491 CAPE SABLE DRIVE  
City-State-Zip: MELBOURNE FL 32940

Title S/T/D  
Name WARD, KATE B.  
Address 1900 COLONEL SANDERS LANE  
City-State-Zip: LOUISVILLE KY 40213

Title D  
Name ZURITA, ALEJANDRO  
Address 101 PUGLIESE'S WAY, 2ND FLOOR  
City-State-Zip: DELRAY BEACH FL 33444

Title D  
Name CHELMINSKY, SHLOMO  
Address 13315 NE 6 AVENUE, OFFICE  
City-State-Zip: NORTH MIAMI FL 33161

Title D  
Name BUSCAGLIA, PABLO  
Address 2699 S BAYSHORE DRIVE, SUITE 300  
City-State-Zip: MIAMI FL 33133

*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:** VISHNU PATEL

**D/P**

**04/03/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date