### 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: PAOLA CHAVARRI

Electronic Signature of Signing Officer/Director Detail

2018 FLORIDA NOT	FOR PROFIT CORF	PORATION ANNUAL REPORT

#### DOCUMENT# N96000001265

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

# **Current Principal Place of Business:**

5901 N.W. 151ST STREET SUITE 100 MIAMI LAKES, FL 33014

# **Current Mailing Address:**

5901 N.W. 151ST STREET SUITE 100 MIAMI LAKES, FL 33014 US

# FEI Number: 65-0803472

# Name and Address of Current Registered Agent:

TOP SERVICES PROPERTY MANAGEMENT 5901 N.W. 151ST STREET SUITE 100 MIAMI LAKES, FL 33014 US

Certificate of Status Desired: No

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

# Officer/Director Detail ·

Officer/Director Detail :				
Title	PRESIDENT	Title	SECRETARY	
Name	CHAVARRI, PAOLA	Name	ALFARO, MARIA A	
Address	5901 NW 151ST STREET, SUITE 100	Address	5901 NW 151ST STREET, SUITE 100	
City-State-Zip:	MIAMI LAKES FL 33014	City-State-Zip:	MIAMI LAKES FL 33014	

PRESIDENT	01/18/2018

# FILED Jan 18, 2018 Secretary of State CC5709039134

Date

Date