

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000001265

**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC7833952535**

**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**

**Certificate of Status Desired: No**

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

TOP SERVICES PROPERTY MANAGEMENT  
5901 N.W. 151ST STREET  
SUITE 100  
MIAMI LAKES, FL 33014 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            PRESIDENT  
Name            CHAVARRI, PAOLA  
Address        5901 NW 151ST STREET, SUITE 100  
City-State-Zip: MIAMI LAKES FL 33014

Title            SECRETARY  
Name            KARLESKEY, CLAUDIA L  
Address        5901 NW 151ST STREET, SUITE 100  
City-State-Zip: MIAMI LAKES FL 33014

*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**

**PRESIDENT**

**01/09/2015**

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

\_\_\_\_\_  
Date