


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90048 032 \*\*\*\*61.25

DOCUMENT # 714376			
1. Entity Name THE OAKWOOD CONDOMINIUM, INC.			
Principal Place of Business 2840 TAYLOR ST. APT. #26 HOLLYWOOD FL 33020 US		Mailing Address 2840 TAYLOR ST. APT. #26 HOLLYWOOD FL 33020 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

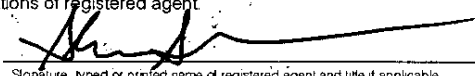


1st MOORE CR2E037 (10/04)

4. FEI Number NO-T APPLICABLE		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BERNAZZOLI, JOHN M 2734 POLK ST STE H HOLLYWOOD FL 33020		7. Name and Address of New Registered Agent Name <b>SULTAN, SHANE</b> Street Address (P.O. Box Number is Not Acceptable) <b>2840 TAYLOR ST AP # 1</b> City <b>Hollywood, FL</b> Zip Code <b>33020</b>	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **3/30/05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT FIESSLMAN, JACK C 2840 TAYLOR ST APT #26 HOLLYWOOD FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT Sultan, SHANE 2840 Taylor St Apt #1 Hollywood FL 33020 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAPP, GARY 2840 TAYLOR STREET #5 HOLLYWOOD FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOSS, JOHN 2840 TAYLOR ST APT # 30 Hollywood FL 33020 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAWLI, MARIA 2840 TAYLOR ST. HOLLYWOOD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary DENARCO, STELLA 2840 TAYLOR ST AP # B Hollywood FL 33020 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTVP SAPP, DON 2840 TAYLOR ST APT #3 HOLLYWOOD FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST POP, ANAHY 2840 TAYLOR ST AP # 2 HOLLYWOOD FL 33020 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SHINDLER, DORY 2840 TAYLOR ST # 25 HOLLYWOOD FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, DORA 2840 TAYLOR ST AP # 25 Hollywood FL 33020 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODS, BARBARA 2840 TAYLOR ST # 6 HOLLYWOOD FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, BARBARA 2840 TAYLOR ST AP # 6 Hollywood FL 33020 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **3/30/05** 954-558-2676  
Signature and typed or printed name of signing officer or director Date Daytime Phone #