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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725873

1. Corporation Name

OAKLAND SHORES CONDOMINIUM #1, INC.

Principal Place of Business

3127 OAKLAND SHORES DRIVE
OAKLAND PARK FL 33309

Mailing Address

3127 OAKLAND SHORES DRIVE
OAKLAND PARK FL 33309



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/21/1973

4. FEI Number

59-1549650

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DATTALO, PHILLIP S
3129 OAKLAND SHORES DRIVE
A-112
OAKLAND PARK FL 33309

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with; and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **MACRO, JEANNE**
STREET ADDRESS **3115 OAKLAND SHORES DRIVE**
CITY-ST-ZIP **OAKLAND PARK FL**

TITLE **TD** ☐ DELETE
NAME **LONDON, JORDAN**
STREET ADDRESS **3111 OAKLAND SHORES DRIVE F102**
CITY-ST-ZIP **OAKLAND PARK FL 33309**

TITLE **D** ☒ DELETE
NAME **CAMPBELL, ROBERT**
STREET ADDRESS **3115 OAKLAND SHORES DR**
CITY-ST-ZIP **OAKLAND PARK FL**

TITLE **SD** ☒ DELETE
NAME **HABERMAN, FLORENCE**
STREET ADDRESS **3105 OAKLAND SHORE DRIVE**
CITY-ST-ZIP **OAKLAND PARK FL**

TITLE **VD** ☐ DELETE
NAME **MICHEL, FRED**
STREET ADDRESS **3100 N. COURSE DRIVE, BLDG H, APT. 206**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Weaver, Noel S.**
1.3 STREET ADDRESS **3119 Oakland Shores Drive C112**
1.4 CITY-ST-ZIP **Oakland Park, FL 33309**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME **Ford, Thomas**
3.3 STREET ADDRESS **3111 Oakland Shores Drive F015**
3.4 CITY-ST-ZIP **Oakland Park, FL 33309**

4.1 TITLE **SD** ☒ Change ☐ Addition
4.2 NAME **Grady, Roslyn**
4.3 STREET ADDRESS **3119 Oakland Shores Drive C105**
4.4 CITY-ST-ZIP **Oakland Park, FL 33309**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Noel S. Weaver* **SIGNATURE OF PRESIDENT** **Noel S. Weaver, President** **3/29/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037-(11/98)