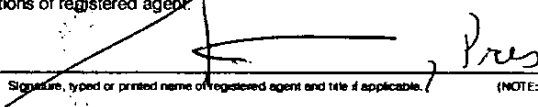
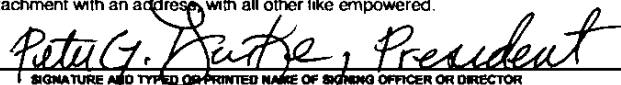


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90202 020 ****61.25

DOCUMENT # 725873 1. Entity 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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 59-1549650	
City & State Zip		City & State Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVIN, CHERYL J ESQ 4694 NW 103RD AVE SUNRISE, FL 33351				7. Name and Address of New Registered Agent Name BECKER + POLIAKOFF, P.A. Street Address (P.O. Box Number is Not Acceptable) 3111 STIRLING ROAD City FORT LAUDERDALE FL Zip Code 33312	
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  Pres DATE 4/24/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZUROSKY, PATRICIA 3127 OAKLAND SHORES DRIVE OAKLAND PARK, FL 33309	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURKE, PETER 3127 OAKLAND SHORES DRIVE OAKLAND PARK, FL 33309	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRAZER, RICHARD 3127 OAKLAND SHORES DRIVE OAKLAND PARK, FL 33309	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, RHAFICK 3127 OAKLAND SHORES DRIVE OAKLAND PARK, FL 33309	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOGASKI, ZARA 3127 OAKLAND SHORES DRIVE OAKLAND PARK, FL 33309	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD D'AGOSTINO, LISA 3127 OAKLAND SHORES DRIVE OAKLAND PARK, FL 33309	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BIVENS, ALLEN 3127 OAKLAND SHORES DRIVE OAKLAND PARK, FL 33309	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMATRAKALEV, GEORGI 3127 OAKLAND SHORES DRIVE OAKLAND PARK, FL 33309	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD COOPER, JACK 3127 OAKLAND SHORES DRIVE OAKLAND PARK, FL 33309	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD MILLER, ANNE MARIE 3127 OAKLAND SHORES DRIVE OAKLAND PARK, FL 33309	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  President				4/20/07 954-485-9500	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Peter G. Burke, President				Date Daytime Phone #	

40086207



04202007 Chg-NP CR2E037 (12/06)