


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90064 015 ****61.25

| | | | | | |
|---|---------------------------|---|---|--|--|
| DOCUMENT # 731050 1. Entity Name OAK TREE GARDEN CONDOMINIUM ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 805-815 S.W. 30TH STREET FT. LAUDERDALE, FL 33315 | | | Mailing Address 805-815 S.W. 30TH STREET FT. LAUDERDALE, FL 33315 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| ROYAL PROPERTY MGT. 8317 WEST ATLANTIC BLVD CORAL SPRINGS, FL 33071 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | |
| | | | | <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | PD | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | AKERS, TIMOTHY | | NAME | | |
| STREET ADDRESS | 815 SW 30TH AVE #O | | STREET ADDRESS | | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33315 | | CITY-ST-ZIP | | |
| TITLE | VP | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CONTONZE, JOHN | | NAME | | |
| STREET ADDRESS | 805 SW 30TH ST #F | | STREET ADDRESS | | |
| CITY-ST-ZIP | FT LAUDERDALE, FL 33315 | | CITY-ST-ZIP | | |
| TITLE | SD | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | RUNGE, JEFFREY | | NAME | | |
| STREET ADDRESS | 805 SW 30TH ST #E | | STREET ADDRESS | | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33315 | | CITY-ST-ZIP | | |
| TITLE | TD | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | COTHBERSTON, ANDREW | | NAME | | |
| STREET ADDRESS | 815 SW 30TH STREET APT M | | STREET ADDRESS | | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33315 | | CITY-ST-ZIP | | |
| TITLE | D | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GARCIA, ANA | | NAME | | |
| STREET ADDRESS | 805 SW 30TH ST #H | | STREET ADDRESS | | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33315 | | CITY-ST-ZIP | | |
| TITLE | | | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | | | NAME | D Jorge Lopez | |
| STREET ADDRESS | | | STREET ADDRESS | 805 S.W. 30th street #6 | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Ft. Lauderdale FL 33315 | |
| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 5-2-07 754-322-1850 <small>Date Daytime Phone #</small> | | |