

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1754503
 1. Entity Name
 C. Oakwood Heights HOA
 Homeowners Association


Principal Place of Business Mailing Address
 MIAMI MANAGEMENT
 14275 SW 142 AVE
 MIAMI, FL 33186

2. Principal Place of Business 3. Mailing Address
 Suits, Apt. #, etc. Suits, Apt. #, etc.
 City & State City & State

Zip Country Zip Country

4. FBI Number 592115921 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Name and Address of Current Registered Agent
 MIAMI MANAGEMENT
 14275 SW 142 AVE
 MIAMI, FL 33186
 7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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.
 SIGNATURE  JANINE OLIVEIRA PROPERTY MANAGEMENT 7/11/01
Signature (Name of Official name of registered agent and title if applicable) (NOTE: Registered Agent signature required when retreating)

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

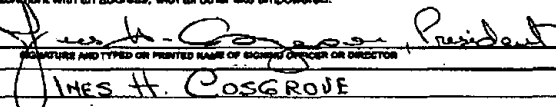
10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VICE PRESIDENT	BARBARA BENNETT	11273 SW 91 TR	MIAMI, FL 33176	<input checked="" type="checkbox"/> D
TREASURER	JEFF MICHALSON	9023 SW 112TH PLACE	MIAMI, FL 33176	<input checked="" type="checkbox"/> D
	JOHN W. HILL	9023 SW 112TH PLACE	MIAMI, FL 33176-1162	<input checked="" type="checkbox"/> D
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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)(j), 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 517, 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 filers empowered.

SIGNATURE:  JAMES H. COSGROVE President 7/10/01 305-273-9810
SIGNATURE AND TYPED OR PRINTED NAME OF EXHIBIT OPERATOR OR DIRECTOR Date Daytime Phone #

RECEIVED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 03-01-2001 91349 026 *****61.25
 07-18-2001 190257-043 *****870.80
 SEP 26 AM 9:07

DO NOT WRITE IN THIS SPACE

CR2001 (1/00)