

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortram
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **759489** (8)
1. Corporation Name
OAKLAND FOREST PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address

~~COMMUNITY ADVANTAGE~~
~~229 S. POMPANO PARKWAY~~
~~POMPANO BEACH FL 33069~~

~~COMMUNITY ADVANTAGE~~
~~229 S. POMPANO PARKWAY~~
~~POMPANO BEACH FL 33069~~

2. Principal Place of Business 2a. Mailing Address

21 **10 EXCLUSIVE PROP MGMT** 20 **10 EXCLUSIVE PROP MGMT**

1280 S.W. 36th Avenue • Suite #301
Pompano Beach, Florida 33069

1280 S.W. 36th Avenue • Suite #301
Pompano Beach, Florida 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/05/1981** 3a. Date of Last Report **07/08/1994**

4. FEI Number **59-2125688** 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24 25

9. Name and Address of Current Registered Agent

SAPITA PAUL
1280 S.W. 36th Avenue • Suite #301
Pompano Beach, Florida 33069

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number or Mailing Address)
1280 S.W. 36th Avenue • Suite #301
Pompano Beach, Florida 33069
B3
B4

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title of registrant. (NOTE: Registered Agent signature required when registering.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, TOM	1.2 NAME	1280 S.W. 36th Avenue • Suite #301
STREET ADDRESS	229 S. POMPANO PKWY	1.3 STREET	Pompano Beach, Florida 33069
CITY - ST - ZIP	POMPANO BEACH FL	1.4 CITY - S	
TITLE	TD	2.1 TITLE	
NAME	CHERRY, RANDY	2.2 NAME	
STREET ADDRESS	229 S. POMPANO PKWY	2.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL	2.4 CITY - ST - ZIP	
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HACHEL, DIANE	3.2 NAME	100001437151
STREET ADDRESS	229 S. POMPANO PKWY	3.3 STREET ADDRESS	-03/22/95--01112--019
CITY - ST - ZIP	POMPANO BEACH FL	3.4 CITY - ST - ZIP	****130.00 ****130.00
TITLE	VPD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALCOURT, MICHAEL	4.2 NAME	
STREET ADDRESS	229 S. POMPANO PKWY	4.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DWYER, CAROL	5.2 NAME	
STREET ADDRESS	229 S. POMPANO PKWY	5.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(3)(b), 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.

SIGNATURE:  **T. R. REED** **3/10/95 305-969-1330**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR