

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Byrnes</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 759489 (8)**

1. Corporation Name  
**OAKLAND FOREST PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business <b>% LAKEVIEW CLUB APARTMENTS 2819 N. OAKLAND FOREST DRIVE OAKLAND PARK FL 33309</b>	Mailing Address <b>% LAKEVIEW CLUB APARTMENTS 2819 N. OAKLAND FOREST DRIVE OAKLAND PARK FL 33309</b>
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3. Date Incorporated or Qualified <b>08/05/1981</b>	
4. FEI Number <b>59-2125688</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

2. Principal Place of Business 21 <b>same</b>	2a. Mailing Address 26 <b>same</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

9. Name and Address of Current Registered Agent

**BARBEE, TRICIA**  
**% LAKEVIEW CLUB APARTMENTS**  
**2819 N. OAKLAND FOREST DRIVE**  
**OAKLAND PARK FL 33309**

10. Name and Address of New Registered Agent

81 Name <b>Shannon Scheuerman</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>c/o Lakeview Club Apartments</b>	
83 <b>2819 N. Oakland Forest Drive</b>	
84 City <b>Oakland Park</b>	85 Zip Code <b>FL 33309</b>

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: Shannon Scheuerman DATE: 02/11/98

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HAPSHIE, ED 2840 S. OAKLAND FOREST DR., #2803 OAKLAND PARK FL 33309</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BERG, DENISE 3050 S. OAKLAND FOREST DR. OAKLAND PARK FL 33309</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST BARBEE, TRICIA 2819 N. OAKLAND FOREST DRIVE OAKLAND PARK FL 33309</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HATCHELL, DIANE 2749 S. OAKLAND FOREST DRIVE, #103 OAKLAND PARK FL 33309</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CAPORASO, TOM 3007 N. OAKLAND FOREST DRIVE OAKLAND PARK FL 33309</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SOLIS, THERESA J 2740 S. OAKLAND FOREST DRIVE, #1101 OAKLAND PARK FL 33309</b>	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>ST Shannon Scheuerman 2819 N. Oakland Forest Drive Oakland Park, FL 33309</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 and an address.

SIGNATURE: [Signature] 01-08-98 954-733-53-72

CR2E037 (10/97)