

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 759490 (6)

1. Corporation Name

THE LOFTS OF OAKLAND FOREST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2000 S. OAKLAND FOREST DRIVE
#2305
OAKLAND PARK FL 33309

2000 S. OAKLAND FOREST DRIVE
#2305
OAKLAND PARK FL 33309

APPROVED
AND
FILED

95 MAR -2 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1981

3a. Date of Last Report

06/28/1994

4. FEI Number

59-2269244

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZIPPAY, CATHERINE W E
1401 UNIVERSITY DR
STE 301
CORAL SPRINGS FL 33071-3039

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

HAPSHIE, ED

STREET ADDRESS

2840 S. OAKLAND FOREST
OAKLAND PARK FL

CITY - ST - ZIP

TITLE

TD

NAME

REED, TOM

STREET ADDRESS

2840 SO OAKLAND DR #2902
OAKLAND PARK FL

CITY - ST - ZIP

TITLE

DP

NAME

BEHRE, CHARLIE

STREET ADDRESS

2840 S. OAKLAND FOREST
OAKLAND PARK FL

CITY - ST - ZIP

TITLE

D

NAME

LYTLE, DEB

STREET ADDRESS

2840 S. OAKLAND FOREST
OAKLAND PARK FL

CITY - ST - ZIP

TITLE

SD

NAME

GIANNETTI, GINNY

STREET ADDRESS

2840 S. OAKLAND FOREST
OAKLAND PARK FL

CITY - ST - ZIP

TITLE

D

NAME

SALABEN, LOUIE

STREET ADDRESS

2840 SO OAKLAND FOREST DR 2808
OAKLAND PARK FL

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

D, V

Hapshie, Ed

2840 So. Oakland Forest Dr. #2803
Oakland Park, FL 33309

D

Kidd, Timothy

2800 So. Oakland Forest Dr. #2203
Oakland Park, FL 33309

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 110.07(3)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature #