

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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

2800 S. OAKLAND FOREST DRIVE  
#2305  
OAKLAND PARK FL 333092800 S. OAKLAND FOREST DRIVE  
#2305  
OAKLAND PARK FL 33309-56523. Date Incorporated or Qualified  
08/05/19813a. Date of Last Report  
03/22/1996

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 Fees8. 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 &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

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 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

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 DP ☐ DELETE  
NAME HAPSHIE, ED  
STREET ADDRESS 2840 SO. OAKLAND FOREST DR., #2803  
CITY-ST-ZIP OAKLAND PARK FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME SPIRO, ELYSE  
STREET ADDRESS 2840 S OAKLAND FOREST DRIVE  
CITY-ST-ZIP OAKLAND PARK FL2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE DVP ☐ DELETE  
NAME BEHRE, CHARLIE  
STREET ADDRESS 2840 S. OAKLAND FOREST  
CITY-ST-ZIP OAKLAND PARK FL3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE DT ☐ DELETE  
NAME KIDD, TIMOTHY  
STREET ADDRESS 2800 SO. OAKLAND FOREST DR., #2203  
CITY-ST-ZIP OAKLAND PARK FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE SD ☐ DELETE  
NAME GIANNETTI, GINNY  
STREET ADDRESS 2840 S. OAKLAND FOREST  
CITY-ST-ZIP OAKLAND PARK FL5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE D ☒ DELETE  
NAME GALABEN, LOUIE  
STREET ADDRESS 2840 SO OAKLAND FOREST DR 2906  
CITY-ST-ZIP OAKLAND PARK FL6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0055551

CR2E037 (9/96)