


FILE NOW: FILING FEE IS \$61.25

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Jun 28, 1999 8:00 am
Secretary of State

06-28-1999 90003 045 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 759490					
1. Corporation Name THE LOFTS OF OAKLAND FOREST CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2800 S. OAKLAND FOREST DRIVE #2305 OAKLAND PARK FL 33309			Mailing Address 2800 S. OAKLAND FOREST DRIVE #2305 OAKLAND PARK FL 33309		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/05/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2269244	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Addition Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		30	
25		30		\$5.00 May Be Added to Fees	
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		
			85 Zip Code		
			FL		

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 register 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 1	
TITLE	DP	1.1 TITLE	DP
NAME	HAPSHIE, ED	1.2 NAME	FRANK POLIS
STREET ADDRESS	2840 SO. OAKLAND FOREST DR., #2803	1.3 STREET ADDRESS	2840 S. OAKLAND FOREST DR. #2603
CITY-ST-ZIP	OAKLAND PARK FL	1.4 CITY-ST-ZIP	OAKLAND PARK, FL 33309
TITLE	D	2.1 TITLE	DVP
NAME	SPIRO, ELYSE	2.2 NAME	MICHAEL POMPER
STREET ADDRESS	2840 S OAKLAND FOREST DRIVE	2.3 STREET ADDRESS	2840 S. OAKLAND FOREST DR. #2806
CITY-ST-ZIP	OAKLAND PARK FL	2.4 CITY-ST-ZIP	OAKLAND PARK, FL 33309
TITLE	DVP	3.1 TITLE	DT
NAME	BEHRE, CHARLIE	3.2 NAME	RITA WEBER
STREET ADDRESS	2840 S. OAKLAND FOREST	3.3 STREET ADDRESS	2840 S. OAKLAND FOREST DR. 2503
CITY-ST-ZIP	OAKLAND PARK FL	3.4 CITY-ST-ZIP	OAKLAND PARK, FL 33309
TITLE	DT	4.1 TITLE	
NAME	KIDD, TIMOTHY	4.2 NAME	
STREET ADDRESS	2800 SO. OAKLAND FOREST DR., #2203	4.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	
NAME	GIANNETTI, GINNY	5.2 NAME	
STREET ADDRESS	2840 S. OAKLAND FOREST	5.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/4/99

Date

774-2702

Daytime Phone #