

|   |  |
|---|--|
| <b>DOCUMENT # 759490</b>                                |  |
| 1. Entity Name  |  |
| <b>THE LOFTS OF OAKLAND FOREST CONDOMINIUM ASSOCIAT</b> |  |

**FILED**  
**Jan 12, 2001 8:00 am**  
**Secretary of State**

01-12-2001 90038 043 \*\*\*\*61.25

|  |  |
|--|--|
| Principal Place of Business                                    | Mailing Address  |
| 2800 S. OAKLAND FOREST DRIVE<br>#2305<br>OAKLAND PARK FL 33309 | 2800 S. OAKLAND FOREST DRIVE<br>#2305<br>OAKLAND PARK FL 33309 |



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

|                                  |                                |
|----------------------------------|--------------------------------|
| 4. FEI Number                    | Applied For                    |
| 59-2269244                       | Not Applicable                 |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |

|   |
|---|
| 6. Name and Address of Current Registered Agent                                       |
| ZIPPAY, CATHERINE W E<br>1401 UNIVERSITY DR<br>STE 301<br>CORAL SPRINGS FL 33071-3039 |

|  |
|--|
| 7. Name and Address of New Registered Agent        |
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| City   |
| FL   |
| Zip Code   |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

|                             |  |  |
|-----------------------------|--|--|
| FILE NOW:<br>FEE IS \$61.25 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees | Make Check Payable to<br>Department of State |
|-----------------------------|--|--|

| 10. OFFICERS AND DIRECTORS                 |                                   |
|--|-----------------------------------|
| TITLE                                      | PD                                |
| NAME                                       | POLIS, FRANK                      |
| STREET ADDRESS                             | 2840 S OAKLAND FOREST DRIVE #2603 |
| CITY-ST-ZIP                                | OAKLAND PARK FL                   |
| <input checked="" type="checkbox"/> Delete |                                   |
| TITLE                                      | TD                                |
| NAME                                       | DWORTZMAN, ALAN                   |
| STREET ADDRESS                             | 2840 S OAKLAND FOREST DRIVE #2601 |
| CITY-ST-ZIP                                | OAKLAND PARK FL                   |
| <input type="checkbox"/> Delete            |                                   |
| TITLE                                      | VD                                |
| NAME                                       | REISSNER, FRED                    |
| STREET ADDRESS                             | 2840 S OAKLAND FOREST DRIVE #2402 |
| CITY-ST-ZIP                                | OAKLAND PARK FL                   |
| <input checked="" type="checkbox"/> Delete |                                   |
| TITLE                                      |                                   |
| NAME                                       |                                   |
| STREET ADDRESS                             |                                   |
| CITY-ST-ZIP                                |                                   |
| <input type="checkbox"/> Delete            |                                   |
| TITLE                                      |                                   |
| NAME                                       |                                   |
| STREET ADDRESS                             |                                   |
| CITY-ST-ZIP                                |                                   |
| <input type="checkbox"/> Delete            |                                   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                        |                                   |
|--|-----------------------------------|
| TITLE  | ALAN PD/T                         |
| NAME   | ALAN DWORTZMAN                    |
| STREET ADDRESS   | 2840 SO. OAKLAND FOREST DR. #2601 |
| CITY-ST-ZIP  | OAKLAND PARK, FL 33309            |
| <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                                   |
| TITLE  | V                                 |
| NAME   | MICHAEL SUMMERS                   |
| STREET ADDRESS   | 2840 SO. OAKLAND FOREST DR. #2901 |
| CITY-ST-ZIP  | OAKLAND PARK, FL 33309            |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                   |
| TITLE  | S                                 |
| NAME   | CHARLIE BEHRE                     |
| STREET ADDRESS   | 2840 SO. OAKLAND FOREST DR. #2704 |
| CITY-ST-ZIP  | OAKLAND PARK, FL 33309            |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                   |
| TITLE  | D                                 |
| NAME   | BOB PALERMO                       |
| STREET ADDRESS   | 2840 SO. OAKLAND FOREST DR. #2906 |
| CITY-ST-ZIP  | OAKLAND PARK, FL 33309            |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                   |
| TITLE  | D                                 |
| NAME   | REISSNER, FRED                    |
| STREET ADDRESS   | 2840 SO. OAKLAND FOREST DR. #2402 |
| CITY-ST-ZIP  | OAKLAND PARK, FL 33309            |
| <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                                   |
| TITLE  | D                                 |
| NAME   | STEVE WELDON                      |
| STREET ADDRESS   | 2840 SO. OAKLAND FOREST DR. #2401 |
| CITY-ST-ZIP  | OAKLAND PARK, FL 33309            |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                   |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Signature of Fred Reissner 1/7/2001 954-733-2603  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

11.

Attachment.  
#759490  
D0002658

7. D

RALPH WHEELER

2840 SO OAKLAND FOREST DR. #2405-

OAKLAND PARK, FL 33309