

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 762127 (9)
1. Corporation Name
OAKLAND HILLS APARTMENTS ASSOCIATION, INC.

Principal Place of Business 2857 N.E. 32 STREET FT LAUDERDALE FL 33306	Mailing Address 2857 N.E. 32 STREET FT LAUDERDALE FL 33306
--	--



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

3. Date Incorporated or Qualified 02/26/1982
4. FEI Number 59-1448339
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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent FLAHERTY, DAWN 2857 NE 32ND STREET FT LAUDERDALE FL 33306	10. Name and Address of New Registered Agent 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 resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ALEXANDRO, LEE	1.2 NAME	Coyle, Eileen
STREET ADDRESS	2857 N.E. 32 STREET	1.3 STREET ADDRESS	2857 NE 32 Street
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	Ft lauderdale, Fl.
TITLE	PD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FLAHERTY, DAWN	2.2 NAME	Ebert, John R
STREET ADDRESS	2857 NE 32ND STREET	2.3 STREET ADDRESS	2857 NE 32 Street
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	Ft lauderdale Fl.
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	COWLE, EILEEN	3.2 NAME	Flaherty, Dawn
STREET ADDRESS	2857 N.E. 32 STREET	3.3 STREET ADDRESS	2857 NE 32 Street
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	Ft lauderdale Fl.
TITLE	TD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MATHEW, MYRESS M	4.2 NAME	Laurie, John
STREET ADDRESS	2857 N.E. 32 STREET	4.3 STREET ADDRESS	2857 NE 32 Street
CITY-ST-ZIP	FT LAUDERDALE FL 33306	4.4 CITY-ST-ZIP	Ft lauderdale Fl.
TITLE	SD ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	EBERT, JOHN R	5.2 NAME	Mathew, Myress M.
STREET ADDRESS	2857 NE 32ND STREET	5.3 STREET ADDRESS	2857 NE 32 Street
CITY-ST-ZIP	FT LAUDERDALE FL	5.4 CITY-ST-ZIP	Ft lauderdale Fl.
TITLE	TD ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MATHEW, MYRESS M	6.2 NAME	
STREET ADDRESS	2857 NE 32ND STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	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.

SIGNATURE: *[Signature]* 03-03-98 (954) 630-8900

CR2E037 (10/97)