

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2005 8:00 am**  
**Secretary of State**

03-01-2005 90079 012 \*\*\*\*61.25

|                                                                     |                                                                                   |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 762127</b>                                            |  |
| 1. Entity Name<br><b>OAKLAND HILLS APARTMENTS ASSOCIATION, INC.</b> |                                                                                   |

|                                                                                      |                                                                          |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Principal Place of Business<br><b>2857 N.E. 32 STREET<br/>FT LAUDERDALE FL 33306</b> | Mailing Address<br><b>2857 N.E. 32 STREET<br/>FT LAUDERDALE FL 33306</b> |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------|

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



1st MOORE CR2E037 (10/04)

|                                                                                                                                                                                                                                     |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-1448339</b>                                                                                                                                                                                                  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                     |                                                        |
| 6. Name and Address of Current Registered Agent<br><b>MATHEW, MYRESS<br/>2857 NE 32ND STREET<br/>APT 1<br/>FT LAUDERDALE FL 33306</b>                                                                                               |                                                        |
| 7. Name and Address of New Registered Agent<br>Name <b>FLAHERTY DAWN</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2857 NE 32ND STREET #22<br/>APT 22</b><br>City <b>Fort Lauderdale</b> FL Zip Code <b>33306</b> |                                                        |

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Dawn Flaherty* *DAWN FLAHERTY* *2/20/05*  
Signature, typed or printed name of registered agent and type if applicable (NOTE: Registered Agent signature required when reinstating) DATE

|                                                        |                                                                                                                        |                                                              |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                          | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                                                     |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>EBERT, JOHN R<br/>2857 NE 32ND ST #26<br/>FT LAUDERDALE FL 33306</b> <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>PD<br/>FLAHERTY, DAWN<br/>2857 NE 32ND ST #22<br/>FT LAUDERDALE FL 33306</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD<br/>FLAHERTY, DAWN<br/>2857 NE 32ND ST #22<br/>FT LAUDERDALE FL 33306</b> <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>S<br/>EBERT, JOHN R<br/>2857 NE 32ND ST #26<br/>FT LAUDERDALE FL 33306</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>BENBOW, DAWN<br/>2857 NE 32ND ST #23<br/>FT LAUDERDALE FL 33306</b> <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>TD<br/>BENBOW, DAWN<br/>2857 NE 32ND ST #23<br/>FT LAUDERDALE FL 33306</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>MATHEW, MYRESS M<br/>2857 NE 32ST #1<br/>FT LAUDERDALE FL 33306</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>ASSISTANT TREASURER / D<br/>SICK, JEFFERY<br/>2632 NE 1st AVE<br/>WILTON MANOR, FL 33334</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>SICK, JEFFERY<br/>2632 NE 1ST AVE<br/>WILTON MAHOR FL 33334</b> <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>VD<br/>THOMAS, ALICE<br/>2857 NE 32 ST #2<br/>FORT LAUDERDALE, FL 33306</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>THOMAS, ALICE<br/>2857 NE 32 ST. #2<br/>FORT LAUDERDALE FL 33306</b> <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>ASSISTANT TREASURER<br/>CORNWELL, DAVID<br/>2857 NE 32nd STREET #<br/>FORT LAUDERDALE, FL 33306</b> <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: *Dawn Flaherty* *2/20/05* *954-630-8908*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #