

# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT #762127

1. Entity Name  
OAKLAND HILLS APARTMENTS ASSOCIATION, INC.



FILED

08 JUN 30 PM 1:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
2857 N.E. 32 STREET  
#7  
FT LAUDERDALE, FL 33306

Mailing Address  
2857 N.E. 32 STREET  
#7  
FT LAUDERDALE, FL 33306

2. Principal Place of Business - No P.O. Box #  
2857 NE 32nd Street

3. Mailing Address  
2857 NE 32nd Street

Suite, Apt. #, etc.  
None

Suite, Apt. #, etc.

City & State  
Fort Lauderdale FL

City & State  
Fort Lauderdale FL

Zip  
33306

Country  
USA

Zip  
33306

Country  
USA

04232008 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-1448339

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

LAW OFFICE OF ROBERT P. KELLY  
2514 HOLLYWOOD BLVD  
SUITE 307  
HOLLYWOOD, FL 33020

## 7. Name and Address of New Registered Agent

Name DAWN FLAHERTY  
Street Address (P.O. Box Number is Not Acceptable)  
2857 NE 32nd Street #8  
City Fort Lauderdale FL Zip Code 33306

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: [Signature]  
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

06/20/2008  
DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	EBERT, JOHN R	
STREET ADDRESS	2857 NE 32ND ST #26	
CITY-ST-ZIP	FT LAUDERDALE, FL 33306	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FLAHERTY, DAWN	
STREET ADDRESS	2857 NE 32ND ST #7	
CITY-ST-ZIP	FT LAUDERDALE, FL 33306	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	FALDETTA, GIUSEPPE	
STREET ADDRESS	2857 NE 32ND ST #7	
CITY-ST-ZIP	FT LAUDERDALE, FL 33306	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COLLINS, CAMELOT	
STREET ADDRESS	2857 NE 32ND ST #7	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	COLLINS, NANCY	
STREET ADDRESS	2857 NE 32ND ST #7	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306	
TITLE	D	<input type="checkbox"/> Delete
NAME	IANUZZI, ANA MARIA	
STREET ADDRESS	523 HATCH TRAIL	
CITY-ST-ZIP	SODDY DAISY, TN 37379	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ASD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Faldetta, Giuseppe	
STREET ADDRESS	2857 NE 32nd St. #7	
CITY-ST-ZIP	FT. Lauderdale, FL 33306	
TITLE	Sylvester, Anthony J.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7020 W. Cypress Head Dr.	
STREET ADDRESS	Parkland, FL 33067	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

600133004416  
07/16/08--01016--007 \*\*\$61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/20/2008 Date  
954-258-6804 Daytime Phone #

JC 7/1