**FILE NOW: FILING FEE IS $61.25**

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May 08 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 # 766177 (0)

1. Corporation Name

THE PINES OF OAKLAND FOREST CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| [redacted] | [redacted] |
| P O BOX 189013 | P O BOX 189013 |
| PLANTATION FL 33318 | PLANTATION FL 33318 |

3. Date Incorporated or Qualified: 12/16/1982

4. FEI Number: 59-2245945 ☐ 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

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

**9. Name and Address of Current Registered Agent**

[redacted]
4450 W SUNRISE BLVD
C-100
PLANTATION FL 33313

**10. Name and Address of New Registered Agent**

81 Name: Castle Property Services Group, Inc.
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: Gail H. Sangunett, VP - Administration 3/20/98
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 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SOLIS, THERESA J | | 1.2 NAME | | |
| STREET ADDRESS | 2740 S OAKLAND FOREST DR, 1101 | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | OAKLAND PA | | 1.4 CITY-ST-ZIP | | |
| TITLE | TD | ☒ DELETE | 2.1 TITLE | TD | ☐ Change ☒ Addition |
| NAME | JOSEPH, ED | | 2.2 NAME | GALUSHA, Thomas | |
| STREET ADDRESS | 2780 S. OAKLAND FOREST DRIVE UNIT 1601 | | 2.3 STREET ADDRESS | 2720 S. Oakland Forest Dr. #909 | |
| CITY-ST-ZIP | FT LAUDERDALE FL | | 2.4 CITY-ST-ZIP | Oakland Park, FL | |
| TITLE | VD | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KELLEY, M A | | 3.2 NAME | | |
| STREET ADDRESS | 2720 S OAKLAND FOREST DR 702 | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | OAKLAND PARK FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | SD | ☒ DELETE | 4.1 TITLE | SD | ☐ Change ☒ Addition |
| NAME | BECKER, CHERYL | | 4. 2 NAME | Schiller, Steve | |
| STREET ADDRESS | 2800 S OAKLAND FOREST DR 1906 | | 4.3 STREET ADDRESS | 2720 S. Oakland Forest Dr. #910 | |
| CITY-ST-ZIP | OAKLAND PARK FL | | 4.4 CITY-ST-ZIP | Oakland Park, FL | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | DAVIS, DANA | | 5.2 NAME | | |
| STREET ADDRESS | 2720 S OAKLAND FOREST DR 906 | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | OAKLAND PARK FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | D | ☒ DELETE | 6.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | RUIZ, EUGENIO A | | 6.2 NAME | BERNASKY, MARY | |
| STREET ADDRESS | 2720 S OAKLAND FOREST DR 1202 | | 6.3 STREET ADDRESS | 2780 S. OAKLAND FOREST DR # 1304 | |
| CITY-ST-ZIP | OAKLAND PARK FL | | 6.4 CITY-ST-ZIP | OAKLAND PARK, FL | |

CR2E037 (10/97)

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:** [redacted] Theresa J. Solis, President 4/1/98 (954) 792-6000