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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 766177

1. Corporation Name

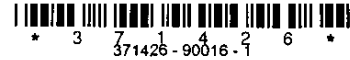
THE PINES OF OAKLAND FOREST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

C/O CASTLE GROUP  
P O BOX 189013  
PLANTATION FL 33318  
US

Mailing Address

C/O CASTLE GROUP  
P O BOX 189013  
PLANTATION FL 33318  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

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

9. Name and Address of Current Registered Agent

CASTLE PROPERTY SERVICES GROUP INC  
4450 W SUNRISE BLVD  
C-100  
PLANTATION FL 33313

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME GALUSHA, THOMAS  
STREET ADDRESS 2720 S OAKLAND FOREST DRIVE #909  
CITY-ST-ZIP OAKLAND PARK FL

DELETE

TITLE TD  
NAME JOSEPH, ED  
STREET ADDRESS 2780 S OAKLAND FOREST DRIVE UNIT 1601  
CITY-ST-ZIP FT LAUDERDALE FL

DELETE

TITLE VD  
NAME KELLEY, M A  
STREET ADDRESS 2720 S OAKLAND FOREST DR 702  
CITY-ST-ZIP OAKLAND PARK FL

DELETE

TITLE SD  
NAME SCHILLER, STEVE  
STREET ADDRESS 2720 S OAKLAND FOREST DRIVE #910  
CITY-ST-ZIP OAKLAND PARK FL

DELETE

TITLE D  
NAME DAVIS, DANA  
STREET ADDRESS 2720 S OAKLAND FOREST DR 906  
CITY-ST-ZIP OAKLAND PARK FL

DELETE

TITLE D  
NAME BERNASKY, MARY  
STREET ADDRESS 2780 S OAKLAND FOREST DRIVE #1304  
CITY-ST-ZIP OAKLAND PARK FL

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

Theresa J. Solis, President 3/22/99 (954) 792-6000

CR2E037 (11/98)