2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #766177 1. Entity Name THE PINES OF OAKLAND FOREST CONDOMINIUM



Principal Place of Business

ASSOCIATION, INC.

Mailing Address

FILED Mar 08, 2007 8:00 am Secretary of State

03-08-2007 90002 025 ****61.25

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2950 N 28TH TERR 2 HOLLYWOOD, FL 33020 US H				C/O THE CONTINENTAL GROUP 2950 N 28TH TERR HOLLYWOOD, FL 33020 US									
Principal Place of Business - No P.O. Box # 3. M			3. Mailin	Mailing Address									
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				02202007	Chg-NP	CR2E0	37 (12/06)		
City & State			City & State					4, FEI Numbe 59-224				oplied For ot Applicable	
Zip	Zip Country			Zip Cou			5. Certificate of Status Desired				S8.75 Additional Fee Required		
	6. Name	and Address of Current F	Registered	Agent				7. Name and	Address of New I	Registered .	Agent		
						Name							
RANDALL, ROGER K PA ONE PARK PLACE 621 NW 53 STREET, SUITE 300				Street Addres			ddress	ss (P.O. Box Number is Not Acceptable)					
BOCA RA													
	•					City	_			FL	Zip Cod	е	
	a named entity tions of regist	y submits this statement for lered agent.	r the purpos	e of changing its	registere	ed office o	r registe	ered agent, or bot	th, in the State of Fl	orida. I am	familiar with,	and accept	
SIGNATURE		or printed name of registered agent a	and title if applica	able. (NOT	E: Registere	d Agent signal	lure require	ed when reinstating)		DATE			
Filing Fee is \$61.25 Due by May 1, 2007				9. Election Campaign Financing Trust Fund Contribution.									
	_					-		\$5.00 May B Added to Fees	,6 (
10.	_		RECTORS			-		Added to Fees	Flo	rida Depai	tment of S	tate	
10.	_	flay 1, 2007	RECTORS	Trust Fund (Ontributi	ion.		Added to Fees	,6 (rida Depai	tment of S	tate 1 10	
	Due by M	May 1, 2007 OFFICERS AND DIR	RECTORS		Contributi	ion.		Added to Fees	Flo	rida Depai	tment of S	tate	
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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.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF S

Attachment 40031380

PD Creekmore, Timothy 2720 S Oakland Forest Dr. #702 Oakland Park, Fl. 33309

VPD Bernath, James 2800 S. Oakland Forest Dr. Oakland Park, Fl. 33309

TD Thompson, Whit 2700 S. Oakland Forest Dr. Oakland Park, Fl. 33309

Hoely Changup 3/2/07 Secretary