
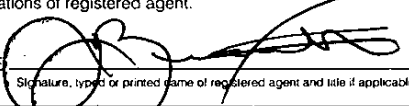
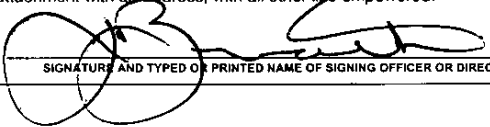


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90013 027 ****61.25

DOCUMENT # 766177 1. Entity Name THE PINES OF OAKLAND FOREST CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O THE CONTINENTAL GROUP 2950 N 28TH TERR HOLLYWOOD, FL 33020 US			Mailing Address C/O THE CONTINENTAL GROUP 2950 N 28TH TERR HOLLYWOOD, FL 33020 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2245945	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RANDALL, ROGER K PA ONE PARK PLACE 621 NW 53 STREET, SUITE 300 BOCA RATON, FL 33487				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	(P) James Bernath	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHMOND, ROSALIE		NAME	2800 S OAKLAND PARK #1906	
STREET ADDRESS	2800 SO OAKLAND DR # 1904		STREET ADDRESS	OAKLAND PARK, FL 33309	
CITY-ST-ZIP	OAKLAND PARK, FL 33309		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	(F) WHIT THOMPSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAMPNEY, HOLLY		NAME	2800 S. OAKLAND PARK #205	
STREET ADDRESS	2700 SO OAKLAND FOREST DR # 406		STREET ADDRESS	OAKLAND PARK, FL 33309	
CITY-ST-ZIP	OAKLAND PARK, FL 33309		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

40026098



01032008 Chg-NP CR2E037 (12/06)