

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766177

FILED
Apr 03, 2012
Secretary of State

Entity Name: THE PINES OF OAKLAND FOREST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O J&L PROPERTY MANAGEMENT
10191 W SAMPLE RD, STE 203
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

Current Mailing Address:

C/O J&L PROPERTY MANAGEMENT
10191 W SAMPLE RD, STE 203
CORAL SPRINGS, FL 33065 US

New Mailing Address:

FEI Number: 59-2245945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

J&L PROPERTY MANGEMENT INC.
10191 W SAMPLE RD
SUITE 203
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: BROUGH, LARRY
Address: 2740 S OAKLAND FOREST DR #1103
City-St-Zip: OAKLAND PARK, FL 33309

Title: D
Name: BERNASKY, MARY
Address: 2780 S OAKLAND FOREST DR #1304
City-St-Zip: OAKLAND PARK, FL 33309

Title: T
Name: YUN, RICHARD
Address: 2700 S OAKLAND FOREST DR #504
City-St-Zip: OAKLAND PARK, FL 33309

Title: S
Name: KERR, WILLIAM
Address: 2720 S OAKLAND FOREST DR #702
City-St-Zip: OAKLAND PARK, FL 33309

Title: D
Name: HENAO, MAURICIO
Address: 2780 S OAKLAND FOREST DR #1301
City-St-Zip: OAKLAND PARK, FL 33309

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES CALDERAZZO

RA

04/03/2012

Electronic Signature of Signing Officer or Director

_____ Date