

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 23, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000002721

1. Entity Name
OAK PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

3070 MATILDA STREET
MIAMI, FL 33133

Mailing Address

3070 MATILDA STREET
MIAMI, FL 33133



02012005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

65-1084331

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHESTER, ROBERT A
3070 MATILDA STREET
MIAMI, FL 33133

**DO NOT WRITE
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution, ☐

\$5.00 May Be
Added to Fees

UN0000240335
02/23/05-80027-003 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
CHESTER, ROBERT A
3070 MATILDA STREET
MIAMI, FL 33133

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
GIL, EDUARDO E
3072 MATILDA STREET
MIAMI, FL 33133

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MOYA, VANESSA E
3072 MATILDA STREET
MIAMI, FL 33133

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 817, 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

EDUARDO E. GIL

2/20/05

Date

305 219 4751

Daytime Phone #