


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000002721</b>	
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
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01092006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1084331	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$6.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  CHESTER, ROBERT A 3070 MATILDA STREET MIAMI, FL 33133
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**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 registering) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11000004 78298  
04/07/06-80026-008 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 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: \_\_\_\_\_ 03/20/06 305-219-4751  
Signature, typed or printed name of signing officer or director Date Daytime Phone #