2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004908

City-St-Zip:

Apr 30, 2004 Secretary of State

Entity Name: OAK TREE PLAZA ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 4700 W PROSPECT RD FORT LAUDERDALE, FL 333018001 US **Current Mailing Address: New Mailing Address:** C/O PRO PROPERTY MGMT. 2176 W OAKLAND PK BLVD FORT LAUDERDALE, FL 33311 US FEI Number: 65-1073064 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PRO PROPERTY MGMT. INC. 2176 W OAKLAND PK BLVD FORT LAUDERDALE, FL 33311 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MCCARTHY, JOHN Name: Name: Address: 9939 NW 65TH COURT Address: City-St-Zip: TAMARAC, FL 33321 US City-St-Zip: Title: PD Title: (X) Change () Addition () Delete Name: ENGLE, RON Name: PLEWINSKI, BRIAN Address: 4700 PROSPECT RD SUITE 105 Address: 4700 PROSPECT RD SUITE 105 City-St-Zip: FT LAUDERDALE, FL 33311 US City-St-Zip: FT LAUDERDALE, FL 33311 US Title: VD () Delete Title: () Change () Addition FLAVIN, ROSE Name: Name: 3270 SEAWARD DR Address: Address: City-St-Zip: POMPANO BEACH, FL 33062 US City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: JONES, CAROL 4700 PROSPECT RD SUITE 102 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

City-St-Zip:

FORT LAUDERDALE, FL 33311

SIGNATURE: ROSE FLAVIN VD 04/30/2004