

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90028 016 ****61.25

DOCUMENT # N01000003944

1. Entity Name
OAKLAND ESTATES RESIDENTS ASSOCIATION INC.



Principal Place of Business
**4871 NW 39TH ST
LAUDERDALE LAKES, FL 33319**

Mailing Address
**4871 NW 39TH ST
LAUDERDALE LAKES, FL 33319**

94080100



03052004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1073699

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FRANCIS, HIXFORD
4871 NW 39TH ST
LAUDERDALE LAKES, FL 33319**

**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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FRANCIS, HIXFORD
STREET ADDRESS	4871 NW 39TH ST
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319

TITLE	TD
NAME	SPENCE, PEGGY
STREET ADDRESS	4632 NW 39TH ST
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319

TITLE	DV
NAME	ESDELL, BEATRICE
STREET ADDRESS	5010 NW 41 CT
CITY-ST-ZIP	LAND LAKES, FL 33319

TITLE	S
NAME	DAVEY, SANDRA P Cuyler, Beverly
STREET ADDRESS	4488 NW 43 RD 4440 NW 43rd St.
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319 Lauderdale Lks, FL 33319

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)(i), 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

3/20/04

Date

Daytime Phone #