


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90298 027 ****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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1073699	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FRANCIS, HIXFORD 4871 NW 39TH ST LAUDERDALE LAKES, FL 33319			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME FRANCIS, HIXFORD STREET ADDRESS 4871 NW 39TH ST CITY-ST-ZIP LAUDERDALE LAKES, FL 33319	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Francis, Hixford STREET ADDRESS 4871 NW 39th St CITY-ST-ZIP lauderdale lakes FL 33319	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME SPENCE, PEGGY STREET ADDRESS 4632 NW 39TH ST CITY-ST-ZIP LAUDERDALE LAKES, FL 33319	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Beatrice Esdelle STREET ADDRESS 5010 NW 41 Ct CITY-ST-ZIP lauderdale lakes FL 33319	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DV NAME EDELL, BEATRICE STREET ADDRESS 5010 NW 41 CT CITY-ST-ZIP LAND LAKES, FL 33319	<input type="checkbox"/> Delete		TITLE S NAME Barbara Brinson STREET ADDRESS 5070 NW 41 PL CITY-ST-ZIP lauderdale lakes	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME CUYLER, BEVERLY STREET ADDRESS 4440 NW 43RD ST CITY-ST-ZIP LAUDERDALE LAKES, FL 33319	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Beatrice Esdelle</i>			4/25/05 954-735-2326		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					