


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 24, 2006 08:00 AM
Secretary of State

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
--	--



04182006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HIXFORD, FRANCIS 4871 NW 39TH ST LAUDERDALE LAKES, FL 33319
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD EDELLE, BEATRICE 5012 NW 41 CT LAUDERDALE LAKES, FL 33319
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV EDELLE, BEATRICE 5010 NW 41 CT LAND LAKES, FL 33319
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BRINSON, BARBARA 5070 NW 41 PL LAUDERDALE LAKES, FL 33319
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**U000000530875
05/06/06-80016-007 61.25**

**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: *A. Francis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-20-06 Daytime Phone # _____