2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2009
Secretary of State

DOCUMENT# N01000003944

Entity Name: OAKLAND ESTATES RESIDENTS ASSOCIATION INC.

Current Principal Place of Business:

4871 NW 39TH ST
LAUDERDALE LAKES, FL 33319

New Principal Place of Business:

Current Mailing Address:

4871 NW 39TH ST
LAUDERDALE LAKES, FL 33319

New Mailing Address:

FEI Number: 65-1073699 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: TD ( ) Delete
Name: HIXFORD, FRANCIS
Address: 4871 NW 39TH ST
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: PD ( ) Delete
Name: ESDELLE, BEATRICE
Address: 5012 NW 41 CT
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: DV ( ) Delete
Name: ESDELL, BEATRICE
Address: 5010 NW 41 CT
City-St-Zip: LAND LAKES, FL 33319

Title: S (X) Delete
Name: BRINSON, BARBARA
Address: 5070 NW 41 PL
City-St-Zip: LAUDERDALE LAKES, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: HIXFORD FRANCIS TD 05/19/2009

Electronic Signature of Signing Officer or Director — Date