


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90018 017 ****61.25

DOCUMENT # N01000006638 1. Entity Name LAKE OAKLAND HOME OWNERS ASSOCIATION INC.					
Principal Place of Business 11806 SW 108 CT MIAMI, FL 33176			Mailing Address 11806 SW 108 CT MIAMI, FL 33176		
2. Principal Place of Business - No P.O. Box # 11025 SW 119 ST.		3. Mailing Address 11025 SW 119 ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI, FL 33176		City & State MIAMI, FL		4. FEI Number 65-1147371	
Zip 33176		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMAR, ERIC 11806 SW 108 CT MIAMI, FL 33176		7. Name and Address of New Registered Agent Name HUTTON, BONNIE Street Address (P.O. Box Number is Not Acceptable) 11025 SW 119 ST City MIAMI FL Zip Code 33176			
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 <i>Bonnie J. Hutton</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 1/21/2007 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	TD AMAR, ERIC 11806 SW 108 CT MIAMI, FL 33176	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUTTON, BONNIE 11025 SW 119 ST MIAMI, FL 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUTTON, TOM 11025 SW 119 ST MIAMI, FL 33176	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANNON, KEVIN 11722 SW 108 CT MIAMI, FL 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AMAR, CINDY 11826 SW 108 CT MIAMI, FL 33176	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEISS, FRANK 10925 SW 119 ST MIAMI, FL 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FLURY, VINCE 10962 SW 117 ST MIAMI, FL 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Bonnie J. Hutton</i> BONNIE J. HUTTON				Date 1/21/2007	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Daytime Phone # 305 251-8733	