FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02, 1996 08:00 AM
Secretary of State

DOCUMENT # N01870 (7)

1. Corporation Name
THE LAKES OF OAKLAND FOREST CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
2701 S. OAKLAND FOREST DRIVE OAKLAND PARK FL 33309	C/O ROYAL MANAGEMENTS SERVICES 2319 N. ANDREWS AVENUE FT LAUDERDALE FL 33311 US

c/o Consolidated COmmunity Mgt Inc

3. Date Incorporated or Qualified: 03/09/1984
3a. Date of Last Report: 04/05/1995

2. Principal Place of Business	2a. Mailing Address
21	26 7686 Wiles Road
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Coral Springs, FL
Zip 24 / Country 25	Zip 29 33067 / Country 30 USA

4. FEI Number: 59-2380089 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROYALE MANAGEMENT, INC
2319 N. ANDREWS AVE.
FT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name: Consolidated COmmunity Mgt, Inc
82 Street Address (P.O. Box Number is Not Acceptable): 7686 Wiles Road
83
84 City: Coral Springs, FL 85 Zip Code: 33067

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HATCHELL, DIANE		1.2 NAME		
STREET ADDRESS	2749 SO OAKLAND FOREST DR #103		1.3 STREET ADDRESS		
CITY-ST-ZIP	OAKLAND PARK FL 33309		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CONNEY, PATRICIA L		2.2 NAME		
STREET ADDRESS	2765 S. OAKLAND FOREST DR #102		2.3 STREET ADDRESS		
CITY-ST-ZIP	OAKLAND PARK FL 33309		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, DYANA		3.2 NAME		
STREET ADDRESS	2749 SO OAKLAND FOREST DR #101		3.3 STREET ADDRESS		
CITY-ST-ZIP	OAKLAND PARK FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FOLEY, EILEEN		4.2 NAME		
STREET ADDRESS	2765 SO OAKLAND FOREST DR #101		4.3 STREET ADDRESS		
CITY-ST-ZIP	OAKLAND PARK FL 33309		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ROSARIO, MARIE		5.2 NAME		
STREET ADDRESS	430 N.E. 12 STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33432		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Margaret D. Hatchell, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)